



**BETH
LIDA**

FOREST HILL SYNAGOGUE
22 Gilgorm Rd. Toronto M5N 2M5
(416) 489-2550

MEMBERSHIP APPLICATION

APPLICANT #1: Full Name _____

Jewish Name _____ (circle one) ben / bat

COHEN

LEVI

YISROEL

APPLICANT #2: Full Name _____

Jewish Name _____ (circle one) ben / bat

COHEN

LEVI

YISROEL

Address _____ Home Phone _____

_____ Cell Phone _____

E-Mail _____@_____

SINGLE

MARRIED

DIVORCED

WIDOW/WIDOWER

CONVERT (year, Rabbi) _____

CHILDREN (MINOR) – English & Jewish Names:

1. _____

2. _____

3. _____

4. _____

Are you related to any member of this synagogue? _____ If so how? _____

Are you a member of any other congregation? _____ If so which? _____

Do you own a cemetery plot? _____ If so where? _____

I (we) _____

hereby apply for membership in Beth Lida Forest Hill Synagogue and if admitted, agree to conform and abide by the constitution and by-laws of the synagogue as duly enacted and in force.

Date _____

Signed _____

Signed _____

Proposed by _____ Seconded by _____

Date received by membership committee _____

Date reviewed by membership committee _____ Membership approval date _____

Signatures _____