

# ADATH SHALOM CONGREGATION

## Membership Application/ Data Form



Please sign below to confirm that you comply with our membership policy that is set out in By-law #1, section 8, which may be found at [adath-shalom.ca/policies.htm](http://adath-shalom.ca/policies.htm).

Please contact our co-presidents or membership coordinator if any questions about this form.

Names of adults:		
	(Please indicate which surname should appear <u>first</u> in the membership list)	
Email address (max 2)		
Membership Category and Dues (for 2022-2023 Jewish year)	Household with two adults ___ (\$650/year)	Household with one adult ____ (\$325/year)
Mailing Address	Unit number and street:	
	City:	Postal Code:
Phone number (home)		
Hebrew name (if applicable)		
Parents Hebrew Names: (If applicable) (Leave blank for now if not certain)	Father:  Mother:	Father:  Mother:
If applicable, are you a Kohen or Levi?	___Kohen ___Levi ___ no or unsure	___Kohen ___Levi ___ no or unsure
Children: (Up to age 20, or up to 24 if still in school full time, are included in a family membership)	Names: • • •	Birthdays: (yyyy/mm/dd) • • •
Are you interested in leading any parts of the service? Chanting Torah? Haftorah? Giving D'verei Torah?		
If you have yahrzeits to commemorate, in addition please fill out and send this form: <a href="http://adath-shalom.ca/forms/yahrzeits.pdf">adath-shalom.ca/forms/yahrzeits.pdf</a>		

Please send this form, along with a cheque for dues to the secretary listed on the web site or address given in the email to you.

* Signature:	Date
--------------	------