



Membership Information Form

We would like to welcome you to the Pride of Israel. To assist us in the Membership process, we ask that you please complete all fields on this application and information form. All information provided will remain strictly confidential.

Family Information:

Name _____
Address _____
City _____ Postal Code _____
Home Phone _____ Cell Phone _____
E-Mail Address _____ Marital Status _____
If married, how long? _____ In Jewish Faith? Yes No Where? _____
Date _____ Rabbi _____

Male Member:

Name _____
Title Last First Middle Initial
Date of Birth _____ Kohen Levi Yisroel Conversion
Hebrew Name _____
Occupation _____ Business Phone _____ Fax _____
E-Mail Address _____
Business Name & Address _____

Please check if you are interested in any of these activities or committees:

*Adult Education Fundraising Sisterhood Newsletter/Communications Ushering
Building Membership Ritual Youth Social Special Events
Public Relations Long Range Planning Office Volunteer Community Affairs*

Female Member:

Name _____
Title Last First Middle Initial
Date of Birth: _____ Bat Kohen Bat Levi Bat Yisroel Conversion
Hebrew Name _____
Occupation _____ Business Phone _____ Fax _____
E-Mail Address _____
Business Name & Address _____

59 Lissom Crescent, Toronto, Ontario M2R 2P2

Phone: (416) 226-0111 Fax: (416) 226-0128

www.prideofisraelshul.org

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Adult Education Fundraising Sisterhood Newsletter/Communications Ushering
Building Membership Ritual Youth Social Special Events
Public Relations Long Range Planning Office Volunteer Community Affairs

Type of Membership: Regular Membership - Includes Plot(s) _____

Associate Membership – Does Not Include Plot(s) _____

*Please include Father's and Mother's Hebrew name: e.g., Joseph ben David V'Sarah

Children Information:

Please list from oldest to youngest

Name _____ Date of Birth _____

Marital Status _____ Bar/Bat Mitzvah Date _____

Hebrew Name _____

Address if Married or Not Living with Parents _____

E-Mail Address _____

Name _____ Date of Birth _____

Marital Status _____ Bar/Bat Mitzvah Date _____

Hebrew Name _____

Address if Married or Not Living with Parents: _____

E-Mail Address: _____

Name: _____ Date of Birth: _____

Marital Status: _____ Bar/Bat Mitzvah date: _____

Hebrew Name _____

Address if Married or Not Living with Parents _____

E-Mail Address: _____

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Yartzeit Information:

List the names of family members for whom you wish to observe Yartzeit.

Name _____ Relation _____

Date of Death _____ Hebrew Name _____

Name _____ Relation _____

Date of Death _____ Hebrew Name _____

Name _____ Relation _____

Date of Death _____ Hebrew Name _____

Name _____ Relation _____

Date of Death _____ Hebrew Name _____

*Please include Father's and Mother's Hebrew name: e.g., Joseph ben David V'Sarah

Brothers:

1. _____ Age: _____

2. _____ Age: _____

3. _____ Age: _____

Sisters:

1. _____ Age: _____

2. _____ Age: _____

3. _____ Age: _____

Are you a member of another congregation? Yes No

If yes, please indicate the name of the Synagogue: _____

Have you been a member of The Pride of Israel Sick Synagogue in the past? Yes No

Yes No If yes, in what year did you leave? _____

Judaic Background (For Adult Education and Clergy Information Only)

Family Information:

Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____ Marital Status: _____

If married, how long? _____ In Jewish Faith? Yes No Where? _____

Date: _____ Rabbi: _____

Male Name: _____ **Female Name:** _____

Ability to read Hebrew: _____ Ability to read Hebrew: _____

Ability to understand Hebrew: _____ Ability to understand Hebrew: _____

Desire to lead services: _____ Desire to lead services: _____

Desire to read Haftorah: _____ Desire to read Haftorah: _____

I declare the above information to be true and correct, and if not, I may be suspended from, and forfeit all claims to The Pride of Israel Sick Benefit Society and Synagogue.

Signature of Applicant

Date

Sick Benefit Society Application Form

Male Member Information:

Name: _____

Last

First

Middle Initial

Date of Birth: _____ Place of Birth: _____

Marital Status: _____ Occupation: _____

Are you in good health? Yes No

Have you suffered from any serious illness or undergone any surgery? Yes No

If yes, please explain _____

Are you presently under medical supervision for any condition? Yes No

If yes, what condition? _____

Female Member Information:

Name: _____

Last

First

Middle Initial

Date of Birth: _____ Place of Birth: _____

Marital Status: _____ Occupation: _____

Are you in good health? Yes No

Have you suffered from any serious illness or undergone any surgery? Yes No

If yes, please explain _____

Are you presently under medical supervision for any condition? Yes No

If yes, what condition? _____

Do either of you know a member of The Pride of Israel Synagogue? Yes No

If yes, please state their name(s): _____

Have either of you been a member of The Pride of Israel Synagogue? Yes No

If yes, in what year did you leave? _____

Have either of you been a member of another synagogue in the past? Yes No

Please state the name of the synagogue: _____

Type of Membership: Regular Membership - Includes Plot(s)
Associate Membership – Does Not Include Plot(s)

I declare the above information to be true and correct, and if not, I may be suspended from, and forfeit all claims to, The Pride of Israel Sick Benefit Society and The Pride of Israel Synagogue.

Signature of Applicant _____ Date _____

Signature of Spouse _____ Date _____

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