

BETH ZION CONGREGATION – Membership Application

144 King Street E., Oshawa ON

(905) 723-2353

NAME _____ HEBREW NAME* _____

NAME _____ HEBREW NAME* _____

ADDRESS _____ PHONE NUMBERS:

(HOME) _____

(WORK) _____
EMAIL _____ (CELL) _____
Preference for correspondence (Mail/E-mail) (OTHER) _____

Name(s) of dependant children living at home	D.O.B.	HEBREW NAMES*

OTHER INFORMATION WE SHOULD KNOW: (e.g. Yohrtzeits (names, dates), consideration for dues assistance, upcoming simcha's, etc.)

*MAY BE TRANSLITERATED: e.g. "MOSHE BEN AVRAHAM"

Signature of Applicant (only one signature required)

Date of Application

NOTE: Burial rights are not included as part of membership for applicants over the age of 46. If burial rights are required please contact us.

FOR OFFICE USE ONLY

DATE APPLICATION APPROVED BY BOARD: _____

COMMENTS: