Young Israel of Ottawa
בית הכנסת צעירי ישראל
627 Kirkwood Ave., Ottawa, ON K1Z 5X5
613. 722. 8394

MEMBERSHIP APPLICATION

FAMILY INFORMATION

Family Name, Male: _____ Family Name, Female: _____

Home Phone: _____ Email Address: _____

Marital Status: ❑ Single ❑ Divorced ❑ Widowed ❑ Married Date of Marriage: _____
(Month/Day/Year)

Home Address: _____
Street Address

_____
City, Province, Postal Code

How long have you lived in Ottawa? _____

Former Synagogue Affiliation: _____

Concurrent Synagogue Affiliation: _____

Date of Application: _____

Detail Information Pages Attached:
Adult Member One ❑
Adult Member Two ❑
Financial Hardship Request ❑
Dependent Children: _____ pages
Yahrtzeit Reminders: _____ pages

MEMBERSHIP CATEGORY

Select One:

❑ Family Membership
❑ First Year Membership (New members)
❑ Associate Membership*
❑ Single Membership
❑ Gold Membership
❑ Platinum Membership

* Requires concurrent synagogue affiliation

I agree to comply with all of the rules, regulations and by-laws of Young Israel of Ottawa. I understand that synagogue membership includes certain financial obligations, including dues, fees, building funds and assessments. I agree to meet all financial obligations associated with this membership. I understand that any request for reductions in dues on account of financial hardship must be submitted annually on the proper form and with adequate supporting documentation and that such requests are subject to approval of the appropriate committee.

Signature _____ Date _____

FOR OFFICE USE

Reviewed by Rabbi _____ Date _____

Approved by the Board _____ Date _____

ADULT MEMBER

Complete this page for each adult member

Member: ❑ ONE ❑ TWO Date of Birth: _____ ❑ After Sunset ❑ Male ❑ Female
Month / Day / Year

Name:
❑ Mr. ❑ Mrs.
❑ Ms. ❑ Dr.
❑ Rabbi
_____ _____ _____
First Middle Last

Hebrew Name: _____ ❑ Kohen ❑ Levi ❑ Yisroel
Transliteration

Occupation: _____ Work Phone: _____

Work Address: _____
Employer:

_____
Street Address

_____
City, Province State, Postal Code

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Have you been married previously? ❑ Yes ❑ No If you were divorced, who officiated the *get* ?

Name _____ City _____ Date _____

Jewish Status:
❑ Born Jewish
❑ Converted to Judaism
❑ Not Jewish

Conversion: _____ _____
Date Place

_____
Rabbi & Affiliation

Bar/Bat Mitzvah: _____ _____ B/M: Date _____
Parsha Haftorah Month / Day / Year

Information about your Father

❑ Mr. ❑ Dr.
❑ Rabbi

Name: _____ _____ _____
First Middle Last

Hebrew Name: _____ ❑ Kohen ❑ Levi ❑ Yisroel
Transliteration

Jewish Status:
❑ Born Jewish
❑ Converted to Judaism
❑ Not Jewish

Conversion: _____ _____
Date Place

_____
Rabbi & Affiliation

Yahrzeit (if deceased) :

English Date: _____ ❑ After Sunset or Hebrew Date: _____
Month / Day / Year Month/Day/Year

Information about your Mother

❑ Ms. ❑ Mrs.
❑ Dr.

Name: _____ _____ _____
First Middle Last

Hebrew Name: _____
Transliteration

Jewish Status:
❑ Born Jewish
❑ Converted to Judaism
❑ Not Jewish

Conversion: _____ _____
Date Place

_____
Rabbi & Affiliation

Yahrzeit (if deceased) :

English Date: _____ ❑ After Sunset or Hebrew Date: _____
Month / Day / Year Month/Day/Year

ADULT MEMBER

Complete this page for each adult member

Member: ❑ ONE ❑ TWO Date of Birth: _____ ❑ After Sunset ❑ Male ❑ Female
Month / Day / Year

Name:
❑ Mr. ❑ Mrs.
❑ Ms. ❑ Dr.
❑ Rabbi
_____ _____ _____
First Middle Last

Hebrew Name: _____ ❑ Kohen ❑ Levi ❑ Yisroel
Transliteration

Occupation: _____ Work Phone: _____

Work Address: _____
Employer:

_____
Street Address

_____
City, Province State, Postal Code

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Have you been married previously? ❑ Yes ❑ No If you were divorced, who officiated the *get* ?

Name _____ City _____ Date _____

Jewish Status:
❑ Born Jewish
❑ Converted to Judaism
❑ Not Jewish

Conversion: _____ _____
Date Place

_____
Rabbi & Affiliation

Bar/Bat Mitzvah: _____ _____ B/M: Date _____
Parsha Haftorah Month / Day / Year

Information about your Father

❑ Mr. ❑ Dr.
❑ Rabbi

Name: _____ _____ _____
First Middle Last

Hebrew Name: _____ ❑ Kohen ❑ Levi ❑ Yisroel
Transliteration

Jewish Status:
❑ Born Jewish
❑ Converted to Judaism
❑ Not Jewish

Conversion: _____ _____
Date Place

_____
Rabbi & Affiliation

Yahrzeit (if deceased) :

English Date: _____ ❑ After Sunset or Hebrew Date: _____
Month / Day / Year Month/Day/Year

Information about your Mother

❑ Ms. ❑ Mrs.
❑ Dr.

Name: _____ _____ _____
First Middle Last

Hebrew Name: _____
Transliteration

Jewish Status:
❑ Born Jewish
❑ Converted to Judaism
❑ Not Jewish

Conversion: _____ _____
Date Place

_____
Rabbi & Affiliation

Yahrzeit (if deceased) :

English Date: _____ ❑ After Sunset or Hebrew Date: _____
Month / Day / Year Month/Day/Year

Complete as many pages as needed for all your DEPENDENT children

CHILD NUMBER _____

Dependency (check all that apply):
❑ Living at home ❑ Under 23
❑ In school ❑ Over 23
❑ Working

❑ Male ❑ Female Date of Birth: _____ ❑ After Sunset

Name: _____ _____ _____
First Middle Last

Hebrew Name: _____ ❑ Kohen ❑ Levi ❑ Yisroel
Transliteration

Bar Mitzvah: _____ _____ B/M Date: _____
Parsha Haftorah Month/Day/Year

School (if applicable): _____ Grade: _____

Child's Address: _____
(if not living at home) Street Address

_____ _____
Apartment or P.O. Box City, Province, Postal Code

Home Phone: _____ Email Address: _____

Jewish Status: ❑ Born Jewish ❑ Converted to Judaism ❑ Not Jewish
Conversion: _____ _____
Date Place
_____
Rabbi & Affiliation

Were all adopted children converted to Judaism? ❑ Yes ❑ No Conversion Date: _____
Were all children circumcised by a mohel? ❑ Yes ❑ No Rabbi & Affiliation _____

Relation to Member 1: ❑ Child ❑ Step-Child ❑ Other Relation to Member 2: ❑ Child ❑ Step-Child ❑ Other

CHILD NUMBER _____

Dependency (check all that apply):
❑ Living at home ❑ Under 23
❑ In school ❑ Over 23
❑ Working

❑ Male ❑ Female Date of Birth: _____ ❑ After Sunset

Name: _____ _____ _____
First Middle Last

Hebrew Name: _____ ❑ Kohen ❑ Levi ❑ Yisroel
Transliteration

Bar/Bat Mitzvah: _____ _____ B/M Date: _____
Parsha Haftorah Month/Day/Year

School (if applicable): _____ Grade: _____

Child's Address: _____
(if not living at home) Street Address

_____ _____
Apartment or P.O. Box City, Province, Postal Code

Home Phone: _____ Email Address: _____

Jewish Status: ❑ Born Jewish ❑ Converted to Judaism ❑ Not Jewish
Conversion: _____ _____
Date Place
_____
Rabbi & Affiliation

Were all adopted children converted to Judaism? ❑ Yes ❑ No Conversion Date: _____
Were all children circumcised by a mohel? ❑ Yes ❑ No Rabbi & Affiliation _____

Relation to Member 1: ❑ Child ❑ Step-Child ❑ Other Relation to Member 2: ❑ Child ❑ Step-Child ❑ Other

Complete for ADDITIONAL Yahrtzeit reminder notices

Yahrtzeit Reminders

Deceased's Name: ____________________ ____________________ ____________________
First Middle Last

Hebrew Name: ____ ❑ Kohen ❑ Levi ❑ Yisroel
Transliteration

Yahrtzeit:

English Date: ____________________ ❑ After Sunset or Hebrew Date: ____________________
Month / Day / Year Month/Day/Year

Observed by: ❑ Family ❑ Member 1 ❑ Member 2 Relationship: ____________________

Deceased's Name: ____________________ ____________________ ____________________
First Middle Last

Hebrew Name: ____ ❑ Kohen ❑ Levi ❑ Yisroel
Transliteration

Yahrtzeit:

English Date: ____________________ ❑ After Sunset or Hebrew Date: ____________________
Month / Day / Year Month/Day/Year

Observed by: ❑ Family ❑ Member 1 ❑ Member 2 Relationship: ____________________

Deceased's Name: ____________________ ____________________ ____________________
First Middle Last

Hebrew Name: ____ ❑ Kohen ❑ Levi ❑ Yisroel
Transliteration

Yahrtzeit:

English Date: ____________________ ❑ After Sunset or Hebrew Date: ____________________
Month / Day / Year Month/Day/Year

Observed by: ❑ Family ❑ Member 1 ❑ Member 2 Relationship: ____________________

Deceased's Name: ____________________ ____________________ ____________________
First Middle Last

Hebrew Name: ____ ❑ Kohen ❑ Levi ❑ Yisroel
Transliteration

Yahrtzeit:

English Date: ____________________ ❑ After Sunset or Hebrew Date: ____________________
Month / Day / Year Month/Day/Year

Observed by: ❑ Family ❑ Member 1 ❑ Member 2 Relationship: ____________________