

ק"ק שומרי שבת חברה משניות

Harav Y. Weinreb זצ"ל
Rabbi from 1900-1942

Harav G. Felder זצ"ל
Rabbi from 1950-1991

Harav Y. Felder שליט"א
Moray D'Asra - Rabbi



MEMBERSHIP APPLICATION FORM INSTRUCTIONS:

Please complete each applicable field to help us know you better.
Then print, sign and contact us so we can welcome you in person! Contact info below.
For any information that does not apply, simply write "N/A".

This is an application for: Full Membership or Associate Membership: _____
Current Synagogue affiliation

Part I: Personal Information (All information on this form held in strict confidence*)

	Applicant	Spouse
Name:		
Date of Birth (mm/dd/yyyy):		
Hebrew Name:		
Father's Hebrew Name:		
Mother's Hebrew Name:		
Occupation:		
Employer:		
Marital Status (Applicant):	Single, Married, Separated, Divorced, Widowed	
Personal Status:	Born Jewish, Converted, Adopted	Born Jewish, Converted, Adopted
	Kohen, Levi, Yisroel	Kohen, Levi, Yisroel

Part II: Contact Information (Please Complete All Fields)

Home Address:	(Postal)	Home Phone:
Work Phone:	(Applicant)	(Spouse)
Cell:	(Applicant)	(Spouse)
Email:	(Applicant)	(Spouse)

Part III: Children (add any additional on separate page)

English Names	Hebrew Names	Date of Birth (mm/dd/yyyy)	School

Part IV: Yahrzeit information (add any additional on separate page)

Relationship	Hebrew Names	Hebrew Date

PART V: Involvement (mark as applicable)

Please contact me(/us) for opportunities regarding:

- | | | |
|--|--|--|
| <input type="checkbox"/> Torah learning programs | <input type="checkbox"/> Chesed programs | <input type="checkbox"/> Sisterhood activities |
| <input type="checkbox"/> Youth programs | <input type="checkbox"/> Children's programs | <input type="checkbox"/> Shul organization |
| <input type="checkbox"/> Shabbos/Yom Tov hosting | <input type="checkbox"/> I am (/we are) looking to be hosted for Shabbos/Yom Tov meals | |

THIS SPACE FOR ADMINISTRATION:

Applicant's Signature: _____ Date: _____

Please print and sign

Please note that as a matter of protocol, the Rabbi and one of the President or Membership Chair must meet with the Applicant (and Spouse) prior to approval of membership. Approval is subject to the terms of the Shul's Constitution.

Administration - Congregation Shomrai Shabbos, 583-585 Glengrove Avenue West, Toronto, Ontario, M6B 2H5
Tel. (416) 782-8849 Fax. (416) 782-5633, www.sscm.ca; Questions? Email: membership@sscm.ca

*For a copy of our privacy policy, please visit www.sscm.ca/privacy