



Beth Jacob Synagogue

Pearl & Max B. Herman Centre
4715 McTavish Street
Regina, Sask. S4S 6H2

Tel: (306) 757-8643

Fax: (306) 352-3499

email: bethjacob@accesscomm.ca

Membership Application

Member Name: _____

Address: _____

Telephone: (Res) _____ (Work): _____ (Cell): _____ Email: _____

Single: _____ Married: _____ Divorced: _____ Common-law: _____ Anniversary: _____

Date of Birth: _____ Occupation: _____

Hebrew Name: _____ Kohen: _____ Levi: _____ Israel: _____

Spouse's name: _____

Spouse's Hebrew name (If applicable): _____ Kohen: _____ Levi: _____ Israel: _____

Spouse's DOB: _____ Occupation: _____

Children's names	Hebrew name	DOB
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1. _____

2. _____

3. _____

4. _____

Past Synagogue Affiliation (Optional): _____

Orthodox: Conservative: Reform: Reconstructionist: Renewal: Unaffiliated:

Are all members of family Jewish? _____

What activities are you interested in?

Shabbat Services: Adult Education: Hebrew School: Programming:

Choir/Playing Music: Volunteering: Board Service: Festival Programming:

Tikun Olam Projects: Human Justice: Israel: Other (explain): _____

Please note that all applications are subject to Board approval.