



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

Member Application

Name: _____ Date: _____

Home Address: _____

Mailing Address: _____

Phone Numbers: (h) _____ (c) _____

(w) _____ (spouse) _____

Email: _____ (spouse) _____

I would like these email addresses to be on our community email list ___ Please remove my email ___

Date of Birth: _____ Occupation: _____

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

Single ___ Married ___ Divorced ___ Widowed ___ Common-law ___ Anniversary _____

Spouse's name: _____

Spouse's Hebrew name: _____ 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 would you and your family like to participate in?

Shabbat Services ___	Torah Studies ___	Hebrew School ___	Festival Programs ___
Cooking Classes ___	Youth Events ___	Regina Social Club ___	Volunteering ___
On the Board ___	Adult Social Events ___	Special JNF Events ___	Tikun Olam Projects ___
Adult Education ___	Human Justice ___	Volunteering ___	Choir/Music ___

Other _____

Committee(s) ___ Which one(s): _____

Would you like someone to contact you with information about prepaid Burials in the Regina Jewish Cemetery and preplanned funeral arrangements Y/N Best number to call: _____

Questions/Comments:

I would like my email addresses to be on the community email list _____

Please remove my email address from the community email list _____

Beth Jacob Synagogue may use the following information in the publication of a Community Directory:

___ Adult's names ___ Children's names ___ Phone numbers

___ Mailing address ___ Email address(s)

_____(initials) I consent to my birthdate (and family members, if applicable) to be published on the community monthly calendar.

_____(initials) I consent to photographs of myself (and family members, if applicable) to be used in the publication of the Shofar, on social media and the Beth Jacob Website.

_____(initials) I consent to the publication of my name in public acknowledgement of monies donated.

Member Signature

Date

Unless otherwise specified above, all information you provide will be kept in strict confidence and will be used internally by Beth Jacob Synagogue and Herman Jewish Community Centre only. We will not share your information with any outside source, except where compelled by law.

Please note that all applications are subject to Board approval.