

Thank you for expressing interest in joining Congregation Beit Tikvah of Ottawa!

We are so excited to process your application and are looking forward to welcoming you into the CBTO family! We ask that you please fill out the attached application (below) carefully.

If you have any questions or concerns, do not hesitate to reach out to the office at shul@cbto.ca or (613) 723-1800, or to Rabbi Shaps at rabbi@cbto.ca. We are happy to answer any questions which you may have and help you fill out your application.

Once completing your application, please submit it to the office. We will review your application expediently and be in touch with you as soon as possible.

We wish you tremendous beracha (blessing) and hatzlacha (success),

The Welcoming Committee

CONGREGATION BEIT TIKVAH OF OTTAWA MEMBERSHIP APPLICATION

MEMBER 1				
LEGAL LAST NAME		LEGAL FIRST NAME		
DATE OF BIRTH (M	M/DD/YY)			
(MM) (DE	D) (YY)			
I AM THE	LOGICAL CHILD OF MY PARENTS	☐ ADOPTED CHILD OF MY PA	RENTS	
HEBREW NAME				
(YOUR NAME)	BEN/BAT (SON OF/DAUGHTER OF)	V' (AND) ATHER'S HEBREW NAME) (MOTHER	?'S HEBREW NAME)	
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☐ KOHEN	LEVI	YISRAEL		
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EMAIL:	@			
CELL PHONE:	()	HOME PHONE: ()	
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MEMBER 2				
LEGAL LAST NAME		LEGAL FIRST NAME		
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HEBREW NAME				
(YOUR NAME)	BEN/BAT (SON OF/DAUGHTER OF) (FA	V' (AND) THER'S HEBREW NAME) (MOTHER'S	S HEBREW NAME)	
MARITAL STATUS				
SINGLE	☐ MARRIED	WIDOWED	☐ DIVORCED	
(MEN ONLY) I AM A				
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(MM) (DI	D)	(YY)						
HOME ADDRESS	-,	(/						
(UNIT NUMBER)								
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(STREET NUMBER)		(STREET N	AME)					
(CITY)	(PROVINCE)	(POS	TAL CODE)				
CONVERSIONS	(IF ANY, II	NCLUDIN	IG PAREN	ITS AND	GRANI	DPARENT:	S).	
PLEASE PROVID	E CONVE	RSION C	ERTIFICAT	TE.				
☐ Please list conver☐ NO CONVERSION								
CHILDREN:								
ENGLISH NAME	M/F	HEBREW I	NAME	DATE O (MM/D	F BIRTH D/YY)	BIOLOGICA OR ADOPT		BAR/BAT MITZVAH DATE
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ENGLISH NAME	HEBREW N		RELATIONS		DATE OF	DEATH	DATE O	F DEATH
(FIRST AND LAST)		WHOM			(ENGLISH)		(HEBREW)	

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By signing below, I h	nereby apply for membe abide by the Constitu	ership to Congregation ution and the By-laws (and, if accepted, will
FULL MEMBE	RSHIP:			
•	Beit Tikvah of Ottawa ind oting rights at CBTO, yah	•		•
of membership. A bu financial commitmen	a requires its full member wilding fund charge of \$1 nts. For this reason, you to satisfy this charge.	,800 payable over six y	ears is necessary to m	eet our ongoing
Signature	Date	e		
ASSOCIATE	MEMBERSHIP:			
	ips are available to thos ip includes yahrzeit rem			
Please indicate the co	ongregation where you a	are a full member:		
Name of synagogue				
Signature	Date			
	WN FELLOW MEN	1BERSHIP:		

Out of Town Fellow Memberships are available to those who are **full members** at a synagogue outside of Ottawa. This membership include yahrtzeit reminders, yahrzeit listing in flyer, and member pricing at shul programs and events.

Please indicate the congregation where you are a full member:			
Name of synagogue			
Signature	Date		