



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 (MM/DD/YY)			
<i>(MM)</i> <i>(DD)</i> <i>(YY)</i>			
I AM THE ... <input type="checkbox"/> BIOLOGICAL CHILD OF MY PARENTS <input type="checkbox"/> ADOPTED CHILD OF MY PARENTS			
HEBREW NAME			
BEN/BAT (SON OF/DAUGHTER OF)		V' (AND)	
<i>(YOUR NAME)</i>		<i>(FATHER'S HEBREW NAME)</i>	<i>(MOTHER'S HEBREW NAME)</i>
MARITAL STATUS			
<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> DIVORCED
(MEN ONLY) I AM A:			
<input type="checkbox"/> KOHEN	<input type="checkbox"/> LEVI	<input type="checkbox"/> YISRAEL	
OCCUPATION:			
EMAIL:	@		
CELL PHONE:	()	HOME PHONE:	()

MEMBER 2			
LEGAL LAST NAME		LEGAL FIRST NAME	
DATE OF BIRTH (MM/DD/YY)			
<i>(MM)</i> <i>(DD)</i> <i>(YY)</i>			
I AM THE ... <input type="checkbox"/> BIOLOGICAL CHILD OF MY PARENTS <input type="checkbox"/> ADOPTED CHILD OF MY PARENTS			
HEBREW NAME			
BEN/BAT (SON OF/DAUGHTER OF)		V' (AND)	
<i>(YOUR NAME)</i>		<i>(FATHER'S HEBREW NAME)</i>	<i>(MOTHER'S HEBREW NAME)</i>
MARITAL STATUS			
<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> DIVORCED
(MEN ONLY) I AM A			
<input type="checkbox"/> KOHEN	<input type="checkbox"/> LEVI	<input type="checkbox"/> YISRAEL	
OCCUPATION:			
EMAIL:	@		
CELL PHONE:	()	HOME PHONE:	()

(IF MARRIED) ANNIVERSARY DATE:

Please indicate the congregation where you are a full member:

Name of synagogue

Signature

Date