



Thank you for expressing interest in joining the Beit Tikvah community! 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 carefully. If you have any questions or concerns, do not hesitate to reach out to our office manager, Neri Loves at shul@cbto.org or (613) 723-1800, or to Rabbi Kravetz at rabbi@cbto.org or (343) 204-1662. They are happy to answer any questions which you may have and help you fill out your application.

After filling out your application, please submit it to our office for review. We will review your application expediently and get back to you about your acceptance as soon as we can. Please be advised that filling out an application does not guarantee membership.

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:			
<i>(MM)</i>		<i>(DD)</i>	
		<i>(YY)</i>	

By signing below, I hereby apply for membership to Congregation Beit Tikvah of Ottawa and, if accepted, will abide by the Constitution and the By-laws of the Congregation.

FULL MEMBERSHIP:

Full Membership at Beit Tikvah of Ottawa includes high holiday tickets for each member, mention of life-cycle events in our flyer, voting rights at CBTO, yahrtzeit reminders, member pricing at shul programs and events.

Beit Tikvah of Ottawa requires its full members to contribute to the synagogue's Building Fund as a condition of membership. A building fund charge of \$1,800 payable over six years is necessary to meet our ongoing financial commitments. For this reason, you will be charged an additional \$300.00 per year on your annual membership invoice to satisfy this charge.

Signature

Date

ASSOCIATE MEMBERSHIP:

Associate memberships are available to those who are **full members** at another Ottawa area congregation.

Associate Membership includes yahrtzeit reminders and member pricing at shul programs and events.

Please indicate the congregation where you are a full member:

Name of synagogue

Signature

Date