



First Narayever Congregation
187 Brunswick Ave, Toronto M5S 2M4
416-927-0546 www.narayever.ca admin@narayever.ca

We welcome your interest in joining our shul. The First Narayever is an egalitarian Jewish congregation, unaffiliated with any religious movement, and committed to:

1. conducting Jewish religious services in a traditional manner and making no gender-specific role differentiations;
2. building a kehila kedosha, rooted in love of torah, Israel and the Jewish people;
3. providing educational programs for youths and adults;
4. promoting the concept of tikun olam through social action projects and by raising funds for tzedakah;
5. creating and maintaining a welcoming spiritual environment in which to celebrate simchas as well as to grieve and mourn losses;
6. fostering social and cultural activities which create a strong sense of community; and
7. contributing to the vitality of the downtown Toronto Jewish community.

APPLICATION FOR MEMBERSHIP: We welcome members of the Jewish community by birth or conversion to apply for membership at the Narayever. We encourage you to learn more about us by going to our website and to contact the rabbi or our Membership chair if you have any further questions about our congregation.

To become a member, please mail your completed form to the address above. It will help us get to know you better, and we will use this information in accordance with the First Narayever Congregation privacy policy. You can find this policy, among others, on our website.

TODAY'S DATE: ____/____/____
DAY MONTH YEAR

PERSONAL INFORMATION:

TYPE OF MEMBER		
Full time student 20-29 OR Everyone else 20 years or older	F/T STUDENT 1 ____ ADULT 1 ____	F/T STUDENT 2 ____ ADULT 2 ____
Given name		
Preferred name		
Last name		
Hebrew name (Your name ... ben/bat father's name ve/u mother's name)		
Street Address		
City		
Postal Code		
Date of Birth		
Occupation		
Home Telephone		
Business Telephone		
Mobile number		
Email		
Marital status		
Parents' Hebrew names (Cohen or Levi if applicable)		
Are your (birth) mother and maternal grandmother Jewish? If not, please send appropriate conversion documents.	Yes ____ No ____	Yes ____ No ____
How long have you resided in Toronto?		
Former Community and Congregation (if applicable)		

	F/T STUDENT 1/ ADULT 1	F/T STUDENT 2/ ADULT 2
Yahrzeits		
English name of deceased		
Relationship		
Yahrzeit	Hebrew date _____ OR English Date ____/____/____ DD MM YY ____before sunset ____after sunset Aliyah requested Yes ___ No ___	Hebrew date _____ OR English Date ____/____/____ DD MM YY ____before sunset ____after sunset Aliyah requested Yes ___ No ___
English name of deceased		
Relationship		
Yahrzeit	Hebrew date _____ OR English Date ____/____/____ DD MM YY ____before sunset ____after sunset Aliyah requested Yes ___ No ___	Hebrew date _____ OR English Date ____/____/____ DD MM YY ____before sunset ____after sunset Aliyah requested Yes ___ No ___

INVOLVEMENT & COMMUNITY INFORMATION		
Please indicate which of the following activities/committees you would like to be contacted by regarding your potential involvement:		
	F/T STUDENT 1/ADULT 1	F/T STUDENT 2/ADULT 2
Leading Services		
Reading Torah and Haftorah		
Adult Education Committee		
Building Committee		
Communications Committee		
Fund Raising		
Hesed Committee		
Israel and Wider Community Committee		
IT Support		
Kiddush Committee		
Membership and Shul Community		
Ritual Committee		
Social Action Committee		
Special Celebrations Committee		
Youth Programming		
Youth Committee		
Is there anything else you would like us to know about you, or questions you have about being a member of the shul?		
Are you interested in listing your name and phone number in our Narayever phone book, distributed annually to all shul members?	Yes _____ No _____	Yes _____ No _____

Please list only your children who are 19 years and under		
	Child 1	Child 2
First name		
Preferred name		
Last name		
Hebrew name		
Date of Birth		
Is your child Jewish?	Yes _____ By birth to a Jewish mother _____ Conversion _____ No _____	Yes _____ By birth to a Jewish mother _____ Conversion _____ No _____
School and Grade		
Name of Jewish Supplementary School (if applicable)		

	Child 3	Child 4
First name		
Preferred name		
Last name		
Hebrew name		
Date of Birth		
Is your child Jewish?	Yes _____ By birth to a Jewish mother _____ Conversion _____ No _____	Yes _____ By birth to a Jewish mother _____ Conversion _____ No _____
School and Grade		
Name of Jewish Supplementary School (if applicable)		

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