



Congregation BINA Canada

P.O./CP 92127, 2900 Warden Avenue
Toronto, ON M1W 3Y8

MEMBERSHIP APPLICATION FORM

Membership Type *	<input type="checkbox"/> Single - \$50 CAD/year	<input type="checkbox"/> Family - \$100 CAD/year
Applicant Information		
First Name *	Middle Name	Last Name *
Hebrew Name *		
Date of Birth *	Gender *	
Address Line 1 *		
Address Line 2		
City *	Province/State *	
Postal Code/Zip Code *	Country *	
Main Phone Number *	Cell/Mobile Phone Number	
Email Address	Born Jewish? *	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Converted? *	Place of Conversion	
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Conversion Done By	Conversion Date	
Applicant's Mother's Information		
Full Name *	Hebrew Name *	
Is Jewish? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant's Father's Information		
Full Name *	Hebrew Name *	
Is Jewish? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	



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Spousal Information (if applicable)		
First Name *	Middle Name	Last Name *
Hebrew Name *		
Date of Birth *	Gender *	
Main Phone Number *	Cell/Mobile Phone Number	
Email Address	Born Jewish? *	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Converted? *	Place of Conversion	
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Conversion Done By	Conversion Date	
Spouse's Mother's Information		
Full Name *	Hebrew Name *	
Is Jewish? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Spouse's Father's Information		
Full Name *	Hebrew Name *	
Is Jewish? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Children's Information (If Applicable)		
Child 1		
Full Name *	Hebrew Name *	
Date of Birth *	Gender *	
Converted? * (If Applicable)	Place of Conversion	
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Conversion Done By	Conversion Date	
Email Address (If Applicable)		



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Child 2	
Full Name *	Hebrew Name *
Date of Birth *	Gender *
Converted? * (If Applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Conversion
Conversion Done By	Conversion Date
Email Address (If Applicable)	
Child 3	
Full Name *	Hebrew Name *
Date of Birth *	Gender *
Converted? * (If Applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Conversion
Conversion Done By	Conversion Date
Email Address (If Applicable)	
Child 4	
Full Name *	Hebrew Name *
Date of Birth *	Gender *
Converted? * (If Applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Conversion
Conversion Done By	Conversion Date
Email Address (If Applicable)	

CASL Statement: I give permission/consent to official representatives of Congregation BINA to contact me as per CASL Guidelines. (<https://www.fightspam.gc.ca/eic/site/030.nsf/eng/home>)

I Agree * Yes No



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Miscellaneous Information

Applicant Signature *	Application Date