

Congregation Etz Chayim Membership Profile

123 Matheson Avenue • Winnipeg, Manitoba R2W 0C3 • 589-6305 • Fax: 582-0246

Full Name _____ Maiden Name _____
Address _____ City _____ Postal Code _____
Occupation _____ Company/Firm _____
Business Address _____ City _____ Postal Code _____
Resident Phone _____ Business Phone _____ Cell Phone _____ Fax _____
Email Address _____ Winter Address _____
Billing Address (if other than home address above) _____
Date of Birth _____ Hebrew Name _____ Tribe: _____ Kohen _____ Levi _____ Yisrael
Father's Full Hebrew Name: _____ Mother's Full Hebrew Name: _____

(transliteration)

(transliteration)

Are you Jewish by: _____ Birth _____ Conversion _____ Not Jewish

If by conversion, please indicate: Year: _____ City: _____ Rabbi: _____

Synagogue _____

Please attach a copy of your conversion certificate.

Bar/Bat Mitzvah Date _____ Marital Status _____ If Married, Date of Marriage _____

Do you read Hebrew? _____ speak Hebrew? _____ lead services? _____ read Torah? _____

Chant Haftarah? _____ If yes, particular Haftarat? _____

Have you made pre-need burial arrangements? _____ If yes, which cemetery? _____ Plot # _____

Spouse:

Full Name _____ Maiden Name (if applicable) _____

Occupation _____ Company/Firm _____

Business Address _____ City _____ Postal Code _____

Resident Phone _____ Business Phone _____ Cell Phone _____ Fax _____

Email Address _____

Date of Birth _____ Hebrew Name _____ Tribe: _____ Kohen _____ Levi _____ Yisrael

Father's Full Hebrew Name: _____ Mother's Full Hebrew Name: _____

Are you Jewish by: _____ Birth _____ Conversion _____ Not Jewish

If by conversion, please indicate: Year: _____ City: _____ Rabbi: _____

Synagogue _____

Please attach a copy of your conversion certificate.

Bar/Bat Mitzvah Date _____ Marital Status _____ If Married, Date of Marriage _____

Do you read Hebrew? _____ speak Hebrew? _____ lead services? _____ chant Torah? _____

Chant Haftarah? _____ If yes, particular Haftarat? _____

I AGREE TO THE FOLLOWING:

- **Resignation from Congregation Etz Chayim must be submitted in writing. Any outstanding fees and charges must be paid in full.**

Signature: _____ Date: _____

UNMARRIED DEPENDANT CHILDREN

First Child

Last Name _____ First Name _____

Hebrew Name _____ Date of Birth _____

(transliteration)

Jewish Education/School _____

Bar/Bat Mitzvah Date _____

Address (if other than yours) _____ City _____ Postal Code _____

Are you Jewish by: _____ Birth _____ Conversion _____ Neither

If by conversion, please indicate: Year: _____ City: _____ Rabbi: _____

Synagogue _____ **please attach a copy of your conversion certificate.**

Second Child

Last Name _____ First Name _____

Hebrew Name _____ Date of Birth _____

(transliteration)

Jewish Education/School _____

Bar/Bat Mitzvah Date _____

Address (if other than yours) _____ City _____ Postal Code _____

Are you Jewish by: _____ Birth _____ Conversion _____ Neither

If by conversion, please indicate: Year: _____ City: _____ Rabbi: _____

Synagogue _____ **Please attach a copy of your conversion certificate.**

Third Child

Last Name _____ First Name _____

Hebrew Name _____ Date of Birth _____

(transliteration)

Jewish Education/School _____

Bar/Bat Mitzvah Date _____

Address (if other than yours) _____ City _____ Postal Code _____

Are you Jewish by: _____ Birth _____ Conversion _____ Neither

If by conversion, please indicate: Year: _____ City: _____ Rabbi: _____

Synagogue _____ **Please attach a copy of your conversion certificate.**

**If you are interested in serving on any Congregation Etz Chayim
Committees, please call the office at 589-6305**