



# Beach Hebrew Institute

109 Kenilworth Ave., Toronto M4L 3S4 (416) 694-7942

Office use only	
Rec'd by _____	<input type="checkbox"/>
Date _____	
Amount _____	

## 2018/2019 - 5779 MEMBERSHIP FORM

Name and address:

Phone(s) / Email(s)

Ph1 \_\_\_\_\_  
 Ph2 \_\_\_\_\_  
 E1 \_\_\_\_\_  
 E2 \_\_\_\_\_

	Name	Hebrew name	Please check one
Adult 1	_____	_____	<input type="radio"/> Kohen <input type="radio"/> Levi <input type="radio"/> Yisrael
Adult 2	_____	_____	<input type="radio"/> Kohen <input type="radio"/> Levi <input type="radio"/> Yisrael
Children	Name	Hebrew name	Date of birth
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

### Contribution:

(Entry granted on High Holidays if contributions returned by August 25)

Two Adults (with or without children)  \$700  
 - or -  
 Single Adult (with or without children)  \$450

Additional High Holiday entry for extended family members \$.....

No. of attendees ..... (maximum 4 @ \$100)

Please print names

.....  
 .....

Donation (earmarked for ..... ) \$.....

**Total enclosed** \$.....

**Yahrzeits & Simchas:**  no change, or:

Event	Name(s)	Date

Date(s) when you would like to sponsor a kiddush  
 (for birthday, baby naming, anniversary, yahrzeit, etc.) .....