



# Beach Hebrew Institute

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

Office use only	
Rec'd by	_____
Date	_____
Amount	_____

## 2021/2022 - 5782 MEMBERSHIP FORM

Name and address:

Phone(s) / Email(s) \_\_\_\_\_

Ph1 \_\_\_\_\_

Ph2 \_\_\_\_\_

E1 \_\_\_\_\_

E2 \_\_\_\_\_

	<b>Name</b>	<b>Hebrew name</b>	<b>Please check one</b>
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

<b>Children</b>	<b>Name</b>	<b>Hebrew name</b>	<b>Date of birth</b>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

### Contribution:

(Entry granted on High Holidays if contributions returned by August 27, 2021)

Two Adults (with or without children)	<input type="checkbox"/>	\$750
- or -		-or-
Single Adult (with or without children)	<input type="checkbox"/>	\$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.) .....