

Beth David B'nai Israel Beth Am (BDBIBA) Kadima 2010- 2011 Membership Form

Last Name: _____ First Name: _____

Address: _____

City: _____ Postal Code: _____

Home Telephone #: (____) _____ Cell Phone #: (____) _____

E-mail address: _____ Grade: _____

Birthday (DD/MM/YY): _____ Age: _____ Gender: _____

If you have any allergies, please list: _____

If you have any dietary restrictions (ie. vegetarian, vegan, lactose intolerant, etc.), please list:

Are you interested in assisting with or planning a program? _____

If so, any particular type? _____

Any program that you would like to see implemented at BDBIDA Kadima?

There are many benefits to membership!

Did you know that...

- **Chapter programs are cheaper for members!**
- **Only members can attend regional programs!**

There are many additional benefits from the Chapter, Region, and International Kadima!

Cost:

- \$15 – Beth David B'nai Israel Beth Am members
- \$65 – Beth David B'nai Israel Beth Am non-members

Method of payment:

_____ Cheque (Please make cheques payable to Beth David B'nai Israel Beth Am Synagogue and return to: Youth Department, 55 Yeomans Road, Toronto, ON M3H 3J7)

_____ Cash (please do not mail)

_____ VISA _____ MasterCard (If paying by credit card, please mail this form to the above address or fax it to the synagogue at 416-633-1740 & put it to the attention of the Youth Department)

Card #: _____ Expiry: _____

Name on card: _____ Signature: _____