

Date: \_\_\_\_\_  
Day Month Year

The Jewish Centre For Learning and Living  
9200 Bathurst Street, Suite 28  
Thornhill, Ontario, L4J 8L5  
Tel: 905-760-0566 Email: andrea@jcfl.com



### MEMBERSHIP APPLICATION FORM 5766



- Family
- Single
- Single Parent
- Couple
- Senior

#### PERSONAL INFORMATION

Family Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Home Phone \_\_\_\_\_

#### HUSBAND'S

First Name \_\_\_\_\_  Cohen  Levi  Yisroel  Convert

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Ben(Father's Hebrew Name) \_\_\_\_\_  
Bat(Mother's Hebrew Name) \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Day Month Year

#### WIFE'S

First Name \_\_\_\_\_  Cohen  Levi  Yisroel  Convert

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Ben(Father's Hebrew Name) \_\_\_\_\_  
Bat(Mother's Hebrew Name) \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Day Month Year

#### MARITAL STATUS

Married Date \_\_\_\_\_  Never been married  Widowed  
 Divorced: Date \_\_\_\_\_ "Get" administered by: \_\_\_\_\_

**CHILDREN**

Name	Hebrew Name	D.O.B.	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**YARTZEITS**

PARENTS OR CHILDREN

Hebrew/English Name	Deceased	Relationship	Date/Approx Time of Death
<b>Husband</b>			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Wife</b>			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify that all the information above is true and correct and That I, and all members of my immediate family named herein, are Jewish by birth, or by conversion in accordance with Orthodox Jewish Law (Halacha).

Signature: Husband \_\_\_\_\_ Wife \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**METHOD OF PAYMENT**

- Cheque                       Visa                       Master Card                       Cash

Card # \_\_\_\_\_ Expiry        /        Name on Card \_\_\_\_\_

Payment beginning        /        until        /

The authorisation will remain in effect unless changed in writing. I also undertake to notify JCLL of any changes to my credit card such as the number of a new card issued or expiry date. I also agree to pay JCLL any service charge JCLL may be charged for incorrect or returned payments.

Family Membership	\$ 720.00	↑
Single Membership	\$ 400.00	↑
Single Parent Membership	\$ 500.00	↑
Couple Membership	\$ 600.00	↑
Senior Membership    65+	\$ 550.00	↑



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