

Date: _____
Day Month Year

The Jewish Centre For Learning and Living
23 Zola Gate
Thornhill, Ontario, L4J 9A7
Tel: 905-762-0566 Email: andrea@jccl.com



MEMBERSHIP APPLICATION FORM 5768/2008



- 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) _____

Ben(Mother's Hebrew Name) _____

Father born Jewish Yes No

Biological Mother born Jewish Yes No

Date of Birth _____
Day Month Year

Conversion administered by _____ Name of Beth Din _____

WIFE'S

First Name _____ Cohen Levi Yisroel Convert

Work Phone _____ Cell _____ Fax _____

Email _____ Occupation _____

Hebrew Name _____ Bat(Father's Hebrew Name) _____

Father born Jewish Yes No Bat(Mother's Hebrew Name) _____

Biological Mother born Jewish Yes No

Date of Birth _____
Day Month Year

Conversion administered by _____ Name of Beth Din _____

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
Husband			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Wife

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify that all the information above is true and correct and that 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 authorization 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	\$ 840.00	1
Single Membership	\$ 480.00	1
Single Parent Membership	\$ 700.00	1
Couple Membership	\$ 700.00	1
Senior Membership 65+	\$ 720.00	1

