## YMHA LIMITED MEMBERSHIP APPLICATION

## - Mount Sinai Cemetery -

Web: www.ymha.ca E-mail: news@ymha.ca

Mr. / Dr. / Mrs. / Miss /	Ms. / Rabbi : (circle pre	fix)	
Name:			
Birth date:	M/D/Y:/	/	
Address:			
City:		Postal code:	
Home phone:	()	Bus.: ()	
Cell phone:	()		
Profession (optional	):		
E-mail address:			
Please initial the follo	owing:		
I certify th	at I am of the Jewish fa	ith	
for mysels (986 Wils	that this limited member f within the YMHA sect on Avenue, Toronto, Ol embers are included.	ion of the Mount Sina	i Memorial Park
I, the undersigned	ed, declare the abo	ove statements to	be true.
			, 202
SIGNATURE OF	APPLICANT	DATE	
Approved by – YM	ИНА board member n	ame & signature	
	ent with this application, 2021 and are in effect until		s below:
	ship Fee – Mount Sinai Cen		014.00 HST = \$8814.00