

**YMHA *LIMITED* MEMBERSHIP APPLICATION**  
**- ROSELAWN AVENUE CEMETERY -**

Web: [www.ymha.ca](http://www.ymha.ca)

E-mail: [news@ymha.ca](mailto:news@ymha.ca)

Mr. / Dr. / Mrs. / Miss / Ms. / Rabbi : (circle prefix)

Name: \_\_\_\_\_

Birth date: M/D/Y: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Bus.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Cell phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Profession (optional): \_\_\_\_\_

E-mail address: \_\_\_\_\_@\_\_\_\_\_

**Please initial the following:**

\_\_\_\_\_ I certify that I am of the Jewish faith

\_\_\_\_\_ I confirm that this limited membership provides a burial lot and foundation for myself within the YMHA section of the Roselawn Avenue Cemetery (Roselawn Avenue, between Chaplin & Caldow) only. No benefits for additional family members are included.

**I, the undersigned, declare the above statements to be true.**

\_\_\_\_\_, 202\_\_\_\_  
SIGNATURE OF APPLICANT                      DATE

\_\_\_\_\_  
Approved by – YMHA board member name & signature

Please submit payment with this application, based on the rates below: *Prices effective July 1, 2024 and are in effect until further notice*  
**YMHA Limited Membership Fee – Roselawn Avenue Cemetery:**

One-time fee ..... \$18,000.00 + \$2,340.00 HST = \$20,340.00