

**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 & Caldwell) 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, 2021 and are in effect until further notice*

**YMHA Limited Membership Fee – Roselawn Avenue Cemetery:**  
One-time fee ..... \$14,000.00 + \$1820.00 HST = \$15,820.00