

YMHA MEMBERSHIP APPLICATION

Web: www.ymha.ca

E-mail: info@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 Mount Sinai Memorial Park (986 Wilson Avenue, Toronto, ON) only. No benefits for additional family members are included.

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

_____, 201____
SIGNATURE OF APPLICANT DATE

Approved by 6 YMHA board member name & signature

Please submit payment with this application, based on the rates below:
Prices effective November 1, 2017 and are in effect until further notice

YMHA Limited Membership Fee:

One-time fee\$5900.00 + \$767.00 HST = \$6667.00