

1344 Bathurst Street, Toronto, ON M5R3H7 • Phone: 416.516.2005 • E-mail: rabbi@chabadmt.com

An electronic version of this form can be filled out on our website: www.chabadmt.com

GENERAL INFORMATION

PERSONAL INFORMATION

Name: _____

Home Address: _____

City, Prov., PC: _____

Home Phone: _____ Email: _____

I wish to continue receiving emails from Chabad of Midtown, please subscribe me to Chabad of Midtown's email list

HIGH HOLIDAYS SEATS

Number of Men: _____ Women: _____ Children: _____ Ages: _____

PAYMENT INFORMATION

Enclosed please find my payment for my Chabad of Midtown membership - \$950 per family (includes High Holiday seats)

Enclosed please find my payment payable to Chabad of Midtown for High Holiday seats - \$360 per family

I am enrolled in Chabad MT Preschool and Day Care, or Chabad MT Hebrew School and am delighted to join the Membership Club at a 50% discounted rate of \$475

Please charge my credit card **Visa** **M/C** **AMEX** in the amount of: \$ _____

Card # _____ Exp. Date ____ / ____

Signature: _____ Date: _____

PAYMENT SCHEDULE

I wish to make these membership payments:

- Annually 1 payment of \$950: September 2017
- Semi-Annually 2 payments of \$475: September & December 2017
- Quarterly 4 payments of \$237.50: September & December 2017 – March & May 2018
- Annually Enrolled in Chabad MT Preschool and Day Care or Chabad MT Hebrew School, 50% discounted rate of \$475: September 2017

Enclosed please find post-dated cheques payable to: Chabad of Midtown 1344 Bathurst Street, Toronto, ON M5R3H7

Please charge my credit card (above)

Signature: _____ Date: _____

ADDITIONAL INFORMATION

BIRTHDAYS

Name	Hebrew Name	D.O.B. (M/D/Y) <i>Specify Day / Evening</i>	M/F
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

YAHRTZEITS

Name: English / Hebrew / Last	Father's Hebrew Name	Relationship	Date & Time of Death
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WEDDING ANNIVERSARY

Names	DATE (M/D/Y)
_____	_____

ALIYA INFORMATION

1. First Name _____ Hebrew Name _____ Cohen Levi Yisroel Convert

Father's Hebrew Name _____ D.O.B. (M/D/Y) _____
Specify: Day / Evening

2. First Name _____ Hebrew Name _____ Cohen Levi Yisroel Convert

Father's Hebrew Name _____ D.O.B. (M/D/Y) _____
Specify: Day / Evening