



**1136 – 3 Centre Street
Suite 415
Thornhill, Ontario
L4J 3M8**

Application Form For Membership

(Please note: A \$25 fee is required with each application)

I, the undersigned, hereby apply for membership to the Chenstochover Aid Society, promising to observe all rules and by-laws of said Society. I recognize that the Constitution of the Society requires that all members are of the Jewish faith.

As such, I hereby certify that I am of the Jewish faith.

Name:

Address:

City & Postal Code: _____

Home Phone: _____ **Business Phone:** _____

Email: _____ **Cell Phone:** _____

Occupation: _____

Date of Birth: _____

My nominator is: _____

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_____ I hereby apply for full membership. If so, please indicate preference of location of burial plot.

_____ Bathurst Lawn Cemetery

_____ Pardes Shalom Cemetery

_____ I hereby apply for social membership (*without* funeral rights)

My connection with the Chenstochover Aid Society is:

Dated this _____ day of _____, 20____ at _____, ON

Signature

For Executive Use:

Decision by the Committee: _____

Initiation Fees Assessed At: _____

Date of Decision: _____

Applicant Notified By: _____

Applicant Response: _____