



For office use:
 ID _____
 Date: _____
 Staff Member: _____

Branch Membership Form 5778 (2017/18)

First Name _____ DOB _____ Email _____

Spouse name _____ DOB _____ Email _____

Family name _____ Home Phone (_____) ____-____

Home Address _____

Children:

Name _____ DOB _____ M/F _____ School _____

Name _____ DOB _____ M/F _____ School _____

Name _____ DOB _____ M/F _____ School _____

Name _____ DOB _____ M/F _____ School _____

I would like to become a Member of the JRCC at:

JRCC Branch	Rabbi	High Holiday Location
<input type="checkbox"/> S Richmond Hill & Maple	Rabbi Avrohom Zaltzman	50 Marc Santi Blvd.
<input type="checkbox"/> Concord	Rabbi Avrohom Erlenwein	411 Confederation Pkw. #14
<input type="checkbox"/> West Thornhill	Rabbi Levi Jacobson	525 New Westminster Dr.
<input type="checkbox"/> East Thornhill	Rabbi Mendel Zaltzman	7608 Yonge St. #3
<input type="checkbox"/> South Thornhill	Rabbi Levi Blau	1 Cordoba Dr.
<input type="checkbox"/> 18 Rockford	Rabbi Yisroel Karpilovsky	465 Patricia Ave.
<input type="checkbox"/> Ontario Branch	Rabbi Yoseph Y. Zaltzman	Any Location*

As a:

Basic \$1200 (\$100 a month)

Gold \$1800 (\$150 a month)

Other _____

Payment method:

Cheque Cash Pre authorized payment

Credit card # ____-____-____-____ Exp __/__/____ Amount ____ Signature ____

Frequency:

One Time Payment

Monthly: Beginning ____ / ____ / _____ through ____ / ____ / _____
M D YEAR M D YEAR

Please remit form with payment.

Mail to: 5987 Bathurst St. #3 Toronto, ON M2R 1Z3

Phone 416-222-7105 • Fax 416-222-7812 • Email jrcc@jrcc.org • Web www.jrcc.org

** Branch Membership (in any location) grants two complimentary High Holiday seats, (at any location). Exodus Subscription is Included.*