

Membership application

Member 1: Last Name:	_ First Name:
Email:	
Member 2:	
Last Name:	_ First Name:
Email:	
Address:	
City/Town:	Province:
Postal Code: Telepho	one: ()
Synagogue Affiliation:	
Please select: Adult Single \$18 Adu	It Couple \$36 Youth (18-25) \$9
Payment can be made by cheque or credit c	ard.
Please mail cheques to MERCA7-Canada 55	Vegmans Road Toronto ON M3H 317 or visit

Please mail cheques to MERCAZ-Canada, 55 Yeomans Road, Toronto, ON M3H 3J7 or visit mercaz.ca/join-mercaz/ for credit cards.

Note: Memberships are not tax deductible. If you wish to supplement your membership with a tax-deductible donation to **The Canadian Foundation for Masorti Judaism**, please visit **mercaz.ca/donate-masorti/**