



Member's Name: _____
First name Last Name

Member's E-mail address: _____
Ex. myname@example.com

Additional Family Members if applicable.

<u>Name</u>	<u>E-mail Address</u>

Home address: _____
Street Address

_____ City

_____ Province

_____ Postal/Zip Code

_____ Country

Synagogue Affiliation: _____

How did you hear about us? Please check appropriate box

CCRJ/URJ Web site	<input type="checkbox"/>	E-mail from a friend	<input type="checkbox"/>
Flyer in a synagogue	<input type="checkbox"/>	Rabbi's sermon	<input type="checkbox"/>
Word of mouth	<input type="checkbox"/>	ARZA Canada presentation	<input type="checkbox"/>
Other: please explain:	_____		<input type="checkbox"/>

Membership type:

Family Membership	\$36.00 CAD	<input type="checkbox"/>
Single Membership	\$18.00 CAD	<input type="checkbox"/>
Student Membership	\$5.00 CAD	<input type="checkbox"/>

Please mail this form and a check for the correct amount to:

ARZA Canada
 3845 Bathurst Street, Suite 301
 Toronto, ON
 M3H 3N2