



CHABAD OF MIDTOWN TORONTO

HIGH HOLIDAYS & MEMBERSHIP FORM

YEAR 5787/ 2026-27

PLEASE RETURN THIS FORM TO ADDRESS BELOW OR SCAN TO EMAIL BELOW

Office: 1344 Bathurst Street Toronto, ON M5R 3H7 • Phone: 416-516-2005 • E-mail: admin@chabadMT.com

Shul: 544 St Clair Ave W Toronto, ON M6C 1A5 • 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 CMT, please subscribe me to CMT's email list

PAYMENT INFORMATION

☐ Enclosed please find my payment for my **CMT membership** - \$1,200 per family (includes High Holiday seats)

☐ Enclosed please find my payment for my **CMT membership** - \$1,000 per family (includes High Holiday seats)
*Seniors 65+

☐ Enclosed please find my payment for my **CMT membership** - \$600 per family (includes High Holiday seats)
*50% discount for current Daycare/Hebrew School families only

☐ Enclosed please find my payment payable to CMT for High Holiday seats - \$500 per family

☐ Enclosed please find my payment payable to CMT for High Holiday seats - \$250 per individual

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

Card # _____ Exp. Date ____ / ____ CVV: _____

Signature: _____ Date: _____

PAYMENT SCHEDULE

I wish to make these membership payments:

☐ Annually 1 payment of \$_____ : September 2026

☐ Semi-Annually 2 payments of \$_____ : September & December 2026

☐ Quarterly 4 payments of \$_____ : September & December 2026 – March & May 2027

☐ Enclosed please find post-dated cheques payable to: Chabad of Midtown (1344 Bathurst St, Toronto, ON M5R3H7)

☐ Please charge my credit card (above)

Signature: _____ Date: _____