



JAIN SOCIETY OF TORONTO INC.

[Formerly functioning as Jain Society of Toronto since 1974]

Location: 441 Ellesmere Road, Toronto, ON M1R 4E6 Canada

Mail: PO Box 62615, Parkway Mall, 85 Ellesmere Road, Toronto, ON M1R 5G8

Tel. 416-441-2211 email: secretary@jsotcanada.org web: www.jsotcanada.org

APPLICATION FOR NEW LIFE MEMBER

Fields marked with asterisk* are required; Printed copy is to be provided

LMN#

(Office use only)

NAME: * _____ DATE OF BIRTH: * _____

Surname (Last Name)

Given Name(s)

Month-Year

MMM-YYYY

M

F

Married

Single

SPOUSE NAME: * _____ DATE OF BIRTH: * _____

(If applicable)

Month-Year

ADDRESS: * _____

CITY: * _____ PROVINCE: * _____ POSTAL CODE: * _____

PHONE: * _____ CELL PHONE: _____ WORK PHONE: _____

E-MAIL 1: * _____ E-MAIL 2: _____

PROFESSION: _____ PROFESSION OF SPOUSE: _____

DEPENDENTS (18 years or younger): For more dependents, under 18 years, please attach another copy of this form.

NAME: _____ RELATIONSHIP: _____ DATE OF BIRTH: _____

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SPONSORS: Applicant must be sponsored by two existing life members in good standing for 5 or more years. Only one sponsor can be a family member. Second sponsor is preferred to have served as JSOT MC or BOD.

SPONSORS NAME: * _____ PHONE: * _____

SPONSORS NAME: * _____ PHONE: * _____

Born in Canada: When did you arrive in Canada? _____

Consent to add your name to JSOT directory, newsletter, and other published publications periodically: * Yes No

LIFE MEMBERSHIP FEES: \$501 as a cheque/draft payable **Jain Society of Toronto Inc.** Please mail completed application form along with fees to the mailing address in the header or drop off in mail box outside the JSOT office.

FEE PAID BY: _____ PHONE: _____

Membership Approval Process:

1. After the completed form and fee is received, the application will be verified by the Membership Committee.
2. Verified applications will be presented at the next scheduled monthly Management Committee meeting.
3. Upon receiving a majority from the Management Committee the application will be signed and approved.
4. Approved applicant's fees will be deposited and receipt will be issued by the treasurer.
5. Paid application will receive a life membership number assigned by the Membership Committee.

SIGNATURE OF APPLICANT*

SIGNATURE OF SPOUSE*

Date* (DD-MMM-YYYY)

Approved by:

President (on behalf of Management Committee)

Date (DD-MMM-YYYY)

Co-chair, Membership Committee

Date (DD-MMM-YYYY)