



Name _____

Name _____

Address _____

Address _____

Postal Code _____

Postal Code _____

Home Tel _____ Bus _____

Home Tel _____ Bus _____

Cell _____ E-mail _____

Cell _____ E-mail _____

Student(s) name(s) _____

Student(s) name(s) _____

Grade(s) _____ Campus _____

Grade(s) _____ Campus _____

MATERNAL RELATIVES PATERNAL RELATIVES

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I/we would like to get involved with the "Nachas Club" Steering Committee.

I/we would like to get involved with the "Nachas Club" Steering Committee.

I/we would like to get involved with Nachas events (eg Jewish Film Night)

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Ideas/Suggestions for the "Nachas Club":

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Thank you so much for taking the time to complete this form. Kindly submit to:

Fax: 905.709.1999 or labramsohn@leobaeck.ca

www.leobaeck.ca

905.709.3636 for more information

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