



**LEO BAECK ALUMNI ASSOCIATION**

**PLEASE UPDATE YOUR FILE**

\* FIRST NAME .....  
\* CURRENT LAST NAME .....  
\* LAST NAME AT GRADUATION .....  
\* OCCUPATION .....  
\* IF STUDENT, PLEASE INDICATE WHAT SCHOOL YOU CURRENTLY ATTEND .....

\* E-MAIL ADDRESS .....

\* HOME PHONE NO. ....

\* ADDRESS .....

\* CITY ..... \* PROVINCE ..... \* POSTAL CODE .....

\* YEAR STARTED AT LBDS ..... \* YEAR FINISHED AT LBDS .....

COMMUNITY INVOLVEMENT (WITH WHAT ORGANIZATION(S) ARE YOU PRESENTLY INVOLVED & IN WHAT CAPACITY E.G. MOUNT SINAI - BOARD MEMBER) .....

.....

MARITAL STATUS ..... SPOUSE'S FULL NAME (IF APPLICABLE) .....

HOW MANY CHILDREN DO YOU HAVE? .....

LIST YOUR CHILDREN'S NAMES .....

\* ARE YOU INTERESTED IN BEING ON THE ALUMNI STEERING COMMITTEE? YES / NO (CIRCLE ONE)

IDEAS FOR ALUMNI ASSOCIATION .....

Fields marked with a \* are required. ....

*Thank you for taking the time to complete the form.*

*Please return form by Mail: The Leo Baeck Day School, 36 Atkinson Avenue, Thornhill, ON L4J 8C9*

*or*  
*Fax: 905-709-1999 Attention: Linda*

*or*  
*E-mail: [labramsohn@leobaeck.ca](mailto:labramsohn@leobaeck.ca)*

*Website: [www.leobaeck.ca](http://www.leobaeck.ca) (form available on-line)*