

CONGREGATION BETH MENACHEM – CHABAD OF WESTON - MEMBERSHIP FORM

FAMILY NAME:

MEMBER 1 – HUSBAND

Name:		Hebrew Name:	
Father's Hebrew Name:		Mother's Hebrew Name:	
Jewish from Birth:	Converted:	Date:	By:
Address:	City:	State:	Zip Code:
Phone:	Work:	Cell:	
Fax:	Email:	D.O.B.:	Day/Night
(Please circle) <i>Cohen</i> <i>Levi</i> <i>Israel</i>	Marital Status: (Please circle) <i>Single</i> <i>Married</i> <i>Divorced</i> <i>Widowed</i>		Marriage Date:

MEMBER 2 – WIFE

Name:	Hebrew Name:	D.O.B.:	Day/Night
Father's Hebrew Name:	Mother's Hebrew Name:	Cell #:	
Jewish from Birth:	Converted:	By:	Date:

CHILDREN INFORMATION

Name:	Hebrew Name:	D.O.B.:	Day/Night
Name:	Hebrew Name:	D.O.B.:	Day/Night
Name:	Hebrew Name:	D.O.B.:	Day/Night
Name:	Hebrew Name:	D.O.B.:	Day/Night
Name:	Hebrew Name:	D.O.B.:	Day/Night

EDUCATION & INTERESTS

Prior Jewish Education:	Special Talents:
Activities of Interest: (Please circle) <i>Educational Classes</i> <i>Volunteer Work</i> <i>Summer Day Camp</i> <i>Counseling</i> <i>Shabbatons</i> <i>Hebrew</i>	

YAHRTZEIT INFORMATION

Relation:	Name:	Hebrew Name:	Date:	Day/Night
Relation:	Name:	Hebrew Name:	Date:	Day/Night
Relation:	Name:	Hebrew Name:	Date:	Day/Night
Relation:	Name:	Hebrew Name:	Date:	Day/Night

OTHER

Other Organizational Affiliation:			
Part Time Resident Permanent Address:	City:	State:	Zip Code:

MEMBERSHIP FEES

Family Membership: \$1150	Single: \$725	Young Family (under 30): \$825	Senior (over 65): \$725	Seasonal: \$525
Signature of Applicant::		Date:		
Signature of Applicant:		Date:		