

DOWNTOWN JEWISH CENTER CHABAD

"The Heart of Jewish Life in the Heart of Downtown"

MEMBERSHIP APPLICATION FORM

FILL OUT THIS FORM AND MAIL BACK OR VISIT OUR WEBSITE & FILL OUT ON LINE

1. Applicant information

Name: _____
 Address: _____
 City, State. Zip: _____
 Phone: _____
 Email: _____

2. Family Information

i. Name: _____
 Hebrew Name: _____
 Birthday/Anniversary: _____ am/pm
 Relation to Applicant: _____

ii. Name: _____
 Hebrew Name: _____
 Birthday/Anniversary: _____ am/pm
 Relation to Applicant: _____

iii. Name: _____
 Hebrew Name: _____
 Birthday/Anniversary: _____ am/pm
 Relation to Applicant: _____

iv. Name: _____
 Hebrew Name: _____
 Birthday/Anniversary: _____ am/pm
 Relation to Applicant: _____

v. Name: _____
 Hebrew Name: _____
 Birthday/Anniversary: _____ am/pm
 Relation to Applicant: _____

3. Yahrzeits

i. Name: _____
 Date of Passing: _____ am/pm
 Relation to Applicant: _____

ii. Name: _____
 Date of Passing: _____ am/pm
 Relation to Applicant: _____

iii. Name: _____
 Date of Passing: _____ am/pm
 Relation to Applicant: _____

iv. Name: _____
 Date of Passing: _____ am/pm
 Relation to Applicant: _____

3. Membership Packages

ALL MEMBERSHIP PACKAGES INCLUDE FREE HIGH HOLIDAY SEATS & DISCOUNTS THROUGHOUT THE YEAR

Single	\$600 or 12 monthly payments of \$50.00
Family	\$1,200 or 12 monthly payments of \$100.00
Silver	\$1,800 or 12 monthly payments of \$150 INCLUDES PLAQUE ON WALL OF HONOR
Gold	\$3,600 or 12 x \$300 INCLUDES PLAQUE ON WALL OF HONOR
Supporter	12 x any amount.

Please find my check in the amount of: _____ payable to **Downtown Jewish Center Chabad**

Please invoice me Full Amount Monthly

Please charge my VISA MC AMEX

Total amount of \$ _____ or 12 x \$ _____

Name _____

Card # _____

Exp. Date / / cvc/cvv _____