



Membership Application Form

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

Applicant Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Family Information

Name: _____

Hebrew Name: _____

Birthday/Anniversary: _____ am/pm

Relation to Applicant: _____

Name: _____

Hebrew Name: _____

Birthday/Anniversary: _____ am/pm

Relation to Applicant: _____

Name: _____

Hebrew Name: _____

Birthday/Anniversary: _____ am/pm

Relation to Applicant: _____

Name: _____

Hebrew Name: _____

Birthday/Anniversary: _____ am/pm

Relation to Applicant: _____

Name: _____

Hebrew Name: _____

Birthday/Anniversary: _____ am/pm

Relation to Applicant: _____

Yahrtzeits

Name: _____

Date of Passing: _____ am/pm

Relation to Applicant: _____

Name: _____

Date of Passing: _____ am/pm

Relation to Applicant: _____

Name: _____

Date of Passing: _____ am/pm

Relation to Applicant: _____

Name: _____

Date of Passing: _____ am/pm

Relation to Applicant: _____

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 \$150.00 includes plaque on wall of honor
- GOLD** \$3,600 or 12 x \$300 includes plaque on wall of honor
- SUPPORTER** 12 x any amount required

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 Number _____