



MEMBERSHIP APPLICATION FORM – 5781 - 2021/2022

PERSONAL INFORMATION

Name, Home Address, Home Phone, Occupation, Work Address, Fax, Hebrew Name, Date of Birth, My Bar/Bat Mitzvah was on, Marital Status, Cohen, Levi, Yisroel, Convert, Email, City/State/Zip, Work Phone, Cell Carrier, Father's Hebrew Name, Mother's Hebrew Name, The portion I read was, Anniversary Date

SPOUSE

Name, Occupation, Work Address, Cell Carrier, Hebrew Name, Date of Birth, My Bar/Bat Mitzvah was on, Cohen, Levi, Yisroel, Convert, Work Phone, Fax, Email, Father's Hebrew Name, Mother's Hebrew Name, The portion I read was, Please only include my home address and home phone in the Membership Directory

CHILDREN

Table with columns: Name, Hebrew Name, DOB, M/F, School

Please add any additional children or grandchildren on a separate piece of paper

YARTZEITS

Chabad of Mid-Suffolk will help you honor their memory. We will send you a Yartzeit candle and reminder prior to the date.

Table with columns: English / Hebrew Name, Relationship, Date: Time

Please contact me before the above dates about having Kaddish said or to sponsor a Kiddush in their memory

BENEFITS

- High Holiday Seats
- Discounts to Events
- Listing on Networking page
- Rabbi's Services
- Weekly Classes
- Holiday Programs
- Shabbat Services
- Lecture Series
- Family Events
- Receive a 5% discount on your membership if you refer a family.
- Weekly Email Newsletter
- A box of Matzah for Passover
- I Love Shabbat package

OPTIONS

New Member **Renewal** **Upgrade**

Seniors/Single Partnership \$66 Monthly \$790 Annually

Family Partnership \$89 Monthly \$1068 Annually

*All Partnership fees can be made payable in one or 12 monthly installments (**Monthly**: credit card only). Monthly charges run August-July*

Join the Chai Club!

Your increased support brings even more of what you love about Chabad of Mid-Suffolk to even more people.
And it is a big Mitzvah!

Partner Level Additional \$50 Monthly Additional \$600 Annually

Executive Level Additional \$100 Monthly Additional \$1200 Annually

Innovator Level Additional \$150 Monthly Additional \$1800 Annually

PAYMENT

Enclosed is: check credit card info, for the Membership opportunities selected above

Visa M/C AMEX Discover

Card # _____ Exp. Date ____ / ____ CVV: _____

Signature: _____ Date: _____

I would like ___ seats for the high Holidays @ \$125 each (Free for members).

I would like to give an additional donation of \$_____.

All contributions are tax-deductible to the fullest extent allowed by law.

No one is denied synagogue membership due to financial reasons. If needed, please discuss this with the Rabbi.

NOTES

It is Chabad policy that each center is supported by the community it serves. **All funding for local Chabad programs is solicited locally.** No money is sent to Chabad headquarters in New York and neither are we funded or financially supported by them. Your support allows us to continue the important work that we do. Thank you!

All information submitted on these forms is confidential and will not be shared or sold to a third party.