



MEMBERSHIP APPLICATION FORM – 5786 - 2025/2026

PERSONAL INFORMATION

Name _____ Cohen Levi Yisroel Convert
 You have all my info on file. I have included only the recent changes

Home Address _____ City/State/Zip _____
 Home Phone _____ Email _____
 Occupation _____ Work Phone _____
 Work Address _____ City/State/Zip _____
 Fax _____ Cell _____ Hebrew _____
 Cell Carrier (for texting) _____
 Name _____ Date of _____
 Birth _____ My Bar/Bat _____
 Father's Hebrew Name _____
 Mother's Hebrew Name _____
 Mitzvah was on: _____
 The portion I read was: _____
 Anniversary Date: ___/___/___
 Marital Status: Single Married Divorced Widowed

SPOUSE

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

CHILDREN

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.

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 \$72 Monthly \$864 Annually
- Family Partnership \$100 Monthly \$1200 Annually

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

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 Monthly
- Executive Level Additional \$100 Monthly Additional \$1200 Monthly
- Innovator Level Additional \$150 Monthly Additional \$1800 Monthly

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 @ \$136 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.