ב"ה

Date___/___/___

MEMBERSHIP APPLICATION FORM – 5787 - 2026/2027

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 _____ Cell Carrier (for texting)_____

Hebrew Name _____ Father's Hebrew Name _____

Date of Birth_____ Mother's Hebrew Name _____

My Bar/Bat Mitzvah was on: _____ The portion I read was:_____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed Anniversary Date: ___/___/___

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
- 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

Seniors/Single Membership	☐ $100 Monthly	☐ $1,200 Annually
Family Membership	☐ $150 Monthly	☐ $1,800 Annually
Gold Membership *Your addiitonal support is a big Mitzvah!*	☐ $300 Monthly	☐ $3,600 Annually

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

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 @ $180 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

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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.

Chabad of Mid-Suffolk 318 Veterans Highway, Commack, NY 11725 (631) 543-3343 office@ChabadMidSuffolk.com