

# Chabad of SW Broward Membership Application

**(954) 252-1770**

**Fax: (954) 252-4901**

Year 2007-2008       New Application       Renewal

Mr. and/or Mrs./Ms. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Home Fax # \_\_\_\_\_ Anniversary \_\_\_\_\_

HUSBAND

WIFE

Name \_\_\_\_\_

Name \_\_\_\_\_

Kohen or Levi, please indicate: \_\_\_\_\_

Maiden Name \_\_\_\_\_

Cellular # \_\_\_\_\_

Cellular # \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Work Fax # \_\_\_\_\_

Work Fax # \_\_\_\_\_

Are You Jewish from Birth? \_\_\_\_\_

Are You Jewish from Birth? \_\_\_\_\_

If Converted: Date \_\_\_\_\_

If Converted: Date \_\_\_\_\_

City \_\_\_\_\_ By \_\_\_\_\_

City \_\_\_\_\_ By \_\_\_\_\_

Not Jewish \_\_\_\_\_

Not Jewish \_\_\_\_\_

FAMILY HISTORY

**\*MAKE SURE TO INCLUDE TIME OF DAY**

<u>First Name</u>	<u>Hebrew Name</u>	<u>Hebrew Name</u>
Husband _____	ben	_____
Birthday: ____/____/____	*Time _____	___ a.m.    ___ p.m.

Wife _____	bat	_____
Birthday: ____/____/____	*Time _____	___ a.m.    ___ p.m.

Child _____	ben/bat	_____
Birthday: ____/____/____	*Time _____	___ a.m.    ___ p.m.

Child _____	ben/bat	_____
Birthday: ____/____/____	*Time _____	___ a.m.    ___ p.m.

Child _____	ben/bat	_____
Birthday: ____/____/____	*Time _____	___ a.m.    ___ p.m.

Child _____	ben/bat	_____
Birthday: ____/____/____	*Time _____	___ a.m.    ___ p.m.

Yahrzeits

<u>Name &amp; Father's Hebrew name</u>	<u>Relationship</u>	<u>Hebrew Date or Secular Date with year and time of day</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were there any other conversions or adoptions in your family? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

**Membership Rates: includes High Holiday Seats @ the hotel if paid in full by September 1, 2007**  
**Family Membership \$600    Honorary Family Members \$770    Gold Family Members \$1000**

**I wish to also help Chabad with the monthly expenses. My minimum monthly contribution will be \$\_\_\_\_\_.**

I hereby apply for membership in Chabad of Southwest Broward, Inc. I agree to abide by its Constitution and By-Laws and to be responsible for my financial obligations incurred:

\_\_\_\_\_  
 Signature \_\_\_\_\_  
Date