

CHABAD LUBAVITCH OF BOCA RATON
JEFF WELTMAN SYNAGOGUE MEMBERSHIP APPLICATION 2010-2011
 9040 Kimberly Blvd. Boca Raton, FL 33434
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 www.ChabadofBocaRaton.com

FAMILY NAME _____

Current member ___ New Member ___

MEMBERSHIP OPPORTUNITIES

Please choose one of the following membership choices:

Honorary Chai Member \$1800 – includes 4 holiday seats \$ _____
 Please reserve ___ seat(s) I will NOT be needing seats

Family Membership \$1000 – includes 2 holiday seats \$ _____
 Please reserve ___ seat(s) I will NOT be needing seats

Single Membership \$600 – includes 1 holiday seat \$ _____
 Please reserve ___ seat(s) I will NOT be needing seats

Seasonal /Associate Membership \$600 \$ _____

Associate Membership – involved in the Chabad programs throughout the year and would like to help support them - **\$360** or any amount above \$ _____

NEW GIVING OPPORTUNITIES IN ADDITION TO MEMBERSHIP

Pillar of the Community- \$5000 – Pillar plaque and trip to Rebbe's resting place. \$ _____

Sponsor of the Day - \$1000 – Please pick your day _____ \$ _____

Additional member seats are \$75 each. # additional seats ___ x \$75 \$ _____

Non-member seats are \$150 each. # additional seats ___ x \$150 \$ _____

Children's High holiday service \$36 (for families with children) # of children ___ x \$36 \$ _____

Yizkor Book (\$10 each name) \$ _____

Total Amount Due \$ _____

SEATS NEEDED FOR THE HOLIDAYS MUST BE RESERVED IN ADVANCE

total seats needed : Men _____ Women _____

Payment: Check _____ Credit Card _____ Authorized amount \$ _____

Visa ___ Master Card ___ Discover ___ AMX ___

A/C # _____ Exp. Date _____ Security #: _____

Name on credit card: _____ Signature _____

A monthly payment plan is available. Please check the plan requested.
 10 monthly payments ___ 4 quarterly payments ___

FAMILY NAME _____ **TITLE** _____

HUSBAND NAME: _____ **HEBREW NAME:** _____ **DATE OF BIRTH:** _____

WIFE NAME: _____ **HEBREW NAME:** _____ **DATE OF BIRTH:** _____

ANNIVERSARY: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **HOME PHONE#:** _____

EMAIL: _____

FAMILY INFORMATION:

CHILDREN:			
<u>NAME</u>	<u>HEBREW NAME</u>	<u>DATE OF BIRTH</u>	<u>BOY/GIRL</u>
_____ /	_____ /	_____ /	_____ /
_____ /	_____ /	_____ /	_____ /
_____ /	_____ /	_____ /	_____ /
_____ /	_____ /	_____ /	_____ /

Yahrzeit:		
<u>NAME AND FATHER'S NAME</u>	<u>RELATIONSHIP</u> Of Husband or Wife	<u>DATE OF DEATH</u> English date of death During day or night
_____ /	_____ /	_____ /
_____ /	_____ /	_____ /
_____ /	_____ /	_____ /
_____ /	_____ /	_____ /