

CONGREGATION BAIS LUBAVITCH
Application for Membership
 5779/ 2018-2019

I. MEMBER INFORMATION

Family Name: _____ First Name: _____

Middle Name: _____ Hebrew Name: _____

Street: _____ Apt. #: _____

City: _____ State: _____ Zip/Postal Code: _____

Home Phone #: _____ Home Fax #: _____

E-mail address: _____ Cell #: _____

Date of Birth _____ Hebrew Date of Birth: _____

Please circle one: Kohen Levi Yisroel Convert

II. FAMILY INFORMATION

Status: Married Divorced Separated Widowed Single

a) Spouse Contact Information

Last Name: _____ First Name: _____

Home Address (*if different from above*):

Street: _____ Apt. #: _____

City: _____ State: _____ Zip/Postal Code: _____

Home Phone #: _____ Fax #: _____

E-mail address: _____ Cell #: _____

Occupation: _____ Employer: _____

Work Address: _____

Work Phone #: _____ ext. _____

b) Children Information

First and Last Name (if different):

Who recommended you to our Shul? _____

Who do you currently look to for spiritual guidance? _____

VI. REFERENCE

Please list one name as a reference.

1) Name: _____
Address: _____
Telephone numbers: _____

Member’s Signature: _____ **Date:** _____

Schedule of Dues: Tiered Membership - Annual Dues:

\$600 - full membership + 2 seats

\$300 - married less than 3 years

\$200 - single, under 30

\$100 - non-member seats

\$25 - member, additional seats

VISA or MC # _____ Exp. Date ____/____ Security Code _____

Name on Card: _____ Signature: _____

Billing Address: _____