

Chabad Palm Aire

PARTNERSHIP / MEMBERSHIP

APPLICATION FORM

YEAR 5774 / 2013-14

RETURN THIS FORM TO ADDRESS BELOW

6721 NW 26th Way Fort Lauderdale, FL 33309 • Phone: 954.228.3338
www.ChabadPalmAire.com • E-mail: Office@ChabadPalmAire.com

PERSONAL INFORMATION

Family Name _____ Home Phone _____
Home Address _____ City, State, Zip _____

YOUR DETAILS

First Name _____ Hebrew Name _____ Cohen Levi Yisroel Convert
Father's Hebrew Name _____ Mother's Hebrew Name _____ D.O.B. (M/D/Y) _____
Specify: Day / Evening
Work Phone _____ Cell _____ Email _____ Occupation _____

SPOUSE DETAILS

First Name _____ Hebrew Name _____ Cohen Levi Yisroel Convert
Father's Hebrew Name _____ Mother's Hebrew Name _____ D.O.B. (M/D/Y) _____
Specify: Day / Evening
Work Phone _____ Cell _____ Email _____ Occupation _____

MARITAL STATUS

Married, Anniversary _____ Never been married Widowed, Date: _____
 Divorced: Date _____ "Get" administered by: _____

CHILDREN

Name	Hebrew Name	D.O.B. (M/D/Y) Specify Day / Evening	M/F	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

YARTZEITS (parents or children)

Name: English / Hebrew / Last	Father's Hebrew Name	Relationship	Date & Time of Death
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PARTNERSHIP OPPORTUNITIES 5774 (2013-14)

All Partnership fees can be made in one instalment or in 12 monthly instalments

Please circle the option of your choice:

- | | | |
|--|--------------|----------------|
| <input type="checkbox"/> Gold Partnership* | \$30 monthly | \$360 annually |
| <input type="checkbox"/> Chai Partnership* | \$15 monthly | \$180 annually |

High Holiday seats are suggested \$50 per seat. Nobody will be turned away due to lack of funds.

PAYMENT AUTHORIZATION

- I have enclosed a check/s for the contribution opportunities & High Holiday seats selected above
 Please charge my credit card as per the instructions selected above. Visa M/C AMEX

Card # _____ Exp. Date __ __ / __ __ CVC (Card verification code.

On back of most cards. On the front of Amex cards.) _____

Signature: _____ Date: _____

Signature: Husband _____ Wife _____

Should you require assistance completing this form, please call us at 954-228-3338