

 **Membership Form 2014 - \$770.00** 

Town of Oyster Bay Chabad, 678 Woodbury Road, Woodbury, NY 11797

**FILL OUT THIS FORM TO APPLY FOR MEMBERSHIP OR TO RENEW YOUR ANNUAL MEMBERSHIP.**

PLEASE PRINT CLEARLY AND RETURN THIS FORM WITH YOUR \$770 MEMBERSHIP FEE.

Please use English Transliteration for **all Hebrew names** on this form.

**Information about you:**

Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Father's Hebrew Name: \_\_\_\_\_

Mother's Hebrew Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Jewish by:     Birth     Converted

Check one:     Cohen     Levi     Israel

**Information about your spouse:**

Spouse's Name: \_\_\_\_\_

Spouse's Hebrew Name: \_\_\_\_\_

Father's Hebrew Name: \_\_\_\_\_

Mother's Hebrew Name: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

Spouse's Birth Date: \_\_\_\_\_

Jewish by:     Birth     Converted

Check one:     Cohen     Levi     Israel

**Personal information:**

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address 1: \_\_\_\_\_

Email Address 2: \_\_\_\_\_

Marital Status (check one):     Single     Married     Divorced     Widowed

If married, Anniversary Date: \_\_\_\_\_

(Please complete Page 2 ⇨)

**Information about your children:**

Child 1 Name:	_____	Date of Birth:	_____
Child 2 Name:	_____	Date of Birth:	_____
Child 3 Name:	_____	Date of Birth:	_____
Child 4 Name:	_____	Date of Birth:	_____
Child 5 Name:	_____	Date of Birth:	_____

Are any children adopted?     Yes     No

If yes, give details including any conversion info:

\_\_\_\_\_  
\_\_\_\_\_

**Yahrzeit Information:** (Please provide the **Civil Date** of Passing. Our office will verify the Hebrew Date for you.)

English Name:	_____	Relationship:	_____
Hebrew Name:	_____	Civil Date of Passing:	_____ <input type="checkbox"/> Day <input type="checkbox"/> Evening
Father's Hebrew Name:	_____	Hebrew Date of Passing:	_____

English Name:	_____	Relationship:	_____
Hebrew Name:	_____	Civil Date of Passing:	_____ <input type="checkbox"/> Day <input type="checkbox"/> Evening
Father's Hebrew Name:	_____	Hebrew Date of Passing:	_____

English Name:	_____	Relationship:	_____
Hebrew Name:	_____	Civil Date of Passing:	_____ <input type="checkbox"/> Day <input type="checkbox"/> Evening
Father's Hebrew Name:	_____	Hebrew Date of Passing:	_____

English Name:	_____	Relationship:	_____
Hebrew Name:	_____	Civil Date of Passing:	_____ <input type="checkbox"/> Day <input type="checkbox"/> Evening
Father's Hebrew Name:	_____	Hebrew Date of Passing:	_____

English Name:	_____	Relationship:	_____
Hebrew Name:	_____	Civil Date of Passing:	_____ <input type="checkbox"/> Day <input type="checkbox"/> Evening
Father's Hebrew Name:	_____	Hebrew Date of Passing:	_____

English Name:	_____	Relationship:	_____
Hebrew Name:	_____	Civil Date of Passing:	_____ <input type="checkbox"/> Day <input type="checkbox"/> Evening
Father's Hebrew Name:	_____	Hebrew Date of Passing:	_____

*Our office cannot process your membership without this form and your payment **in full**.  
Please call our office at 516-682-0404 if you have any questions.*