

# Member Information Form

B'H

Please complete as much as possible

On this form, please indicate the person's *father's* name in the space for 'son/daughter of' (print Hebrew phonetically).

Member's Name \_\_\_\_\_ Hebrew \_\_\_\_\_ Son of \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Hebrew \_\_\_\_\_ Daughter of \_\_\_\_\_  
Birthday \_\_\_\_\_ Spouse's Birthday \_\_\_\_\_ Anniversary \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Cel \_\_\_\_\_ E-Mail \_\_\_\_\_

## Member's Parents

Father \_\_\_\_\_ Hebrew \_\_\_\_\_ Son of \_\_\_\_\_  
Mother \_\_\_\_\_ Hebrew \_\_\_\_\_ Daughter of \_\_\_\_\_

## Spouse's Parents

Father \_\_\_\_\_ Hebrew \_\_\_\_\_ Son of \_\_\_\_\_  
Mother \_\_\_\_\_ Hebrew \_\_\_\_\_ Daughter of \_\_\_\_\_

## Children

Name \_\_\_\_\_ Hebrew \_\_\_\_\_ Birthday \_\_\_\_\_  
Name \_\_\_\_\_ Hebrew \_\_\_\_\_ Birthday \_\_\_\_\_

## Yahrtzeits (please write secular dates)

Name \_\_\_\_\_ Date \_\_\_\_\_ (month, day and year)  
Name \_\_\_\_\_ Date \_\_\_\_\_ (month, day and year)

*Please review the dues structure below, select your category and mail in your payment by check or credit card.*

- \$770 Family yearly membership –I have enclosed a check
- Please charge my credit card for our Family Membership
- Please charge my credit card each month \$ \_\_\_\_\_ for membership
- Please charge my credit card *once* this amount \$ \_\_\_\_\_
- For financial assistance please call Rabbi Muskal directly**

Name on Card \_\_\_\_\_

Visa/MasterCard \_ \_ \_ \_ \_ - \_ \_ \_ \_ \_ - \_ \_ \_ \_ \_ expires; \_ \_ / \_ \_

Last 3 digits on back \_ \_ \_ Billing Zip \_ \_ \_ \_ \_

Signature \_\_\_\_\_

Please Mail form to:  
Chabad Jewish Center 1755 Grantham Drive Wellington, Florida 33414