



NEW MEMBERSHIP APPLICATION AND RENEWAL FORM

Please fill out the form completely. **For Renewals:** Please update the information annually so that we have your accurate information.

APPLICANT INFORMATION								
First & Last Name:		Hebrew Name:						
Date of birth:	Time (am/pm):	e-mail:						
Home ph #:	Cell #:	Work #:						
Address:								
SPOUSE INFORMATION								
First & Last Name:		Hebrew Name:						
Date of birth:	Time (am/pm):	Anniversary Date:						
Work #:	Cell #:	E-mail Address:						
Address:								
APPLICANT 'S PARENT'S INFORMATION								
MOTHER		FATHER						
First & Last Name:		First & Last Name:						
Hebrew Name:		Hebrew Name:						
SPOUSE'S PARENT'S INFORMATION								
MOTHER		FATHER						
First & Last Name:		First & Last Name:						
Hebrew Name:		Hebrew Name:						
CHILDREN'S INFORMATION								
NAME	HEBREW NAME	DATE OF BIRTH	TIME (AM / PM)					
Yahrzeit INFORMATION								
FIRST & LAST NAME	HEBREW NAME	RELATION <small>(Please indicate which spouse's relation)</small>	DATE & TIME					
	ben / bat							
	ben / bat							
	ben / bat							
	ben / bat							
MEMBERSHIP CATEGORIES								
Family Membership \$750 Annually	Single Membership \$450 Annually	All contributions are tax deductible to the fullest extent allowed by the law.						
PAYMENT INFORMATION (PLEASE SELECT DESIRED PLAN)								
<p style="text-align: center;">One full Payment of: \$750 (family) / \$450 (single)</p> <p>* Please find enclosed check/s payable to: Aventura Chabad or * Charge my Credit Card:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">#</td> <td style="width: 50%;">Exp. date:</td> </tr> </table>	#	Exp. date:	<p style="text-align: center;">2 Payments of: \$375 (family) / \$225 (single) Sep - Jan</p> <p>* Please find enclosed check/s payable to: Aventura Chabad or * Charge my Credit Card:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">#</td> <td style="width: 50%;">Exp. date:</td> </tr> </table>	#	Exp. date:	<p style="text-align: center;">5 Payments of: \$150 (family) / \$90 (single) Sep-Nov-Jan-Apr-Jul</p> <p>* Please find enclosed check/s payable to: Aventura Chabad or * Charge my Credit Card:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">#</td> <td style="width: 50%;">Exp. date:</td> </tr> </table>	#	Exp. date:
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Signature:		Date:						