

PARTNERSHIP APPLICATION FORM - 5779 - 2018/2019

PERSONAL INFORMATION	Name	Cohen 🗆 Levi 🗆 Yisroel 🗆 Convert
	You have all my info on file. I have included only the	e recent changes
	Home Address	City/State/Zip
	Home Phone	Email
	Occupation	Work Phone
	Work Address	City/State/Zip
	Fax Cell	Cell Carrier (for texting)
ER	Hebrew Name	Father's Hebrew Name
•	Date of Birth	Mother's Hebrew Name
	My Bar/Bat Mitzvah was on:	The portion I read was:
	Marital Status: 🗆 Single 🗆 Married 🗆 Divorced 🗆 Widowed	Anniversary Date://
SPOUSE	Name	🗆 Cohen 🗆 Levi 🗆 Yisroel 🗆 Convert
	Occupation	Work Phone Fax
	Work Address	City/State/Zip
	Cell Carrier (for texting)	Email
	Hebrew Name	Father's Hebrew Name
	Date of Birth	Mother's Hebrew Name
	My Bar/Bat Mitzvah was on:	The portion I read was:
	□ Please only include my home address and home phone in a	the Membership Directory.
Z	Name Hebrew Name	DOB M/F School
CHILDREN		
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	Please add any additional children or grandchildren on a separ	rate piece of paper
lS	Chabad of Mid-Suffolk will help you honor their memory. We v	vill send you a Yartzeit candle and reminder prior to the date.
YARTZEI	English / Hebrew Name	Relationship Date: Time
RT		
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		:::::
		::::
		:::

D Please contact me before the above dates about having Kaddish said or to sponsor a Kiddush in their memory

BENEFITS	High Holiday Seats	Holiday Programs	your membership if you refer a family.	
	Discounts to Events	Shabbat Services	Weekly Email Newsletter	
BEI	Listing on Networking page	Lecture Series	• A box of Matzah for Passover	
	Rabbi's Services	Family Events	I Love Shabbat package	
	Weekly Classes	Receive a 5% discount on		
NS	New Member Renew	al 🗆 Upgrade		
OPTIONS	Seniors/Single Membership	□\$60 Monthly	□\$720 Annually	
<u>в</u>	Family Membership	□\$83 Monthly	□\$996 Annually	
	All Partnership fees can be made payable in one or 12 monthly installments (Monthly : credit card only). Monthly charges run August-July			
	hai=Life!			
	Benefits of additional members	ww.ChabadShares.com/ChabadMidSuffolk		
Partner Level		□Additional \$50 Mo		
	Executive Level	□Additional \$100 M	Ionthly DAdditional \$1200 Annually	
	Innovator Level	□Additional \$150 M	Ionthly DAdditional \$1800 Annually	
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PAYMENT	Enclosed is: check credit card info, for the Membership opportunities selected above Visa M/C AMEX Discover Card #Exp. Date/ CVV:			
	Card #	Exp. Date	_ / CVV:	
Signature: Date:				
	\Box I would like seats for the hi	or members).		
	\Box I would like to give an additiona			
		ons are tax-deductible to the fulle bership due to financial reasons.	st extent allowed by law. If needed, please discuss this with the Rabbi.	
NOTES				
	It is Chabad policy that each center is supported by the community it serves. All funding for local Chabad programs is s ited locally. No money is sent to Chabad headquarters in New York and neither are we funded or financially supported by the Your support allows us to continue the important work that we do. Thank you! All information submitted on these forms is confidential and will not be shared or sold to a third party.			