5781 Membership Form

Membership Forms can be submitted online at www.chabadwestorange.com/membership, or mail in this form at your earliest convenience.



Family Name					
Man's Name		Woman's Name			
Hebrew Name		Hebrew Name			
Mother's Hebrew Name		Mother's Hebrew Name			
Father's Hebrew Name		Father's Hebrew Name			
Birth Date		Birth Date			
Cell		Cell			
Email		Email			
Address		City			
State Zip		Home Phone			
Child(ren)'s Name(s) - English/Hebrew		Birth Date - English/Hebrew			
Membership [Includes High Holiday Seats and Security Fee]					
☐ Family \$1,000	□ Individual \$540		□ *Weekday Minyan \$180 *does not include High Holiday Seats or security fee		
☐ Bronze Membership \$1,500	☐ Silver Membership \$1,800		☐ Gold Membership \$3,600		
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High Holiday Services [Following state and local health gu Will you be attending services? ☐ Yes ☐ No		How many seats?			
☐ I prefer indoors*		☐ I prefer outdoors**			
* Full service, however, limited seating, first come, first serve.		**We cannot guarantee a full outdoor service. I may be a shortened version.			
Non-Member Holiday Seats [pa	arents, relatives, friends]	Number of at	tendees		
□ \$100 adults		How many seats?			
☐ I prefer indoors*		□ I prefer outdoors**			
Security Fee* [included in family and ind	lividual membershipl	Building Fund	I		
□ \$18o		□ \$360			
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Shabbos/Holiday Kiddus	h Luncheon [When it is once a	ngain safe to gather for Kiddush, G-d	willing soon]	
☐ Standard \$500	□ Deluxe \$770	☐ Super Deluxe \$1,000	☐ Super Duper Deluxe \$1,500	
□ Co-Sponsor \$360	☐ Part Sponsor \$180	☐ Kiddush Donation \$100	☐ L'chaim Donation \$50	
☐ Monthly \$100	☐ Monthly \$72	☐ Monthly \$50	☐ Monthly \$36	
In Honor/Memory of: [Birthda	ıy, Anniversary, Yahrzeit]			
High Holiday Machzor/P	rayer Book Dedication \$3	36 Chumash \$54		
Amount of Prayer Books		Amount of Chumashim:		
In Honor/Memory of				
Yizkor Memorial Book Li	sting \$18 per name	<u></u>		
Name of Deceased		Remembered by		
Payment: ☐ Credit Card		☐ Check: [Payable to Chab	ad of West Orange	
,				
Card Number				
Even Date	CVN/ #		1. 11	
Exp. Date	CVV #	☐ Please Charge My Car	d in Full	
☐ Please Charge My Card \$	per month	T	otal \$	
	<u> </u>			
C'				
Signature		Date		