

Young Israel-Chabad of Pinellas County

Membership Registration Form 5772 (20011/12)

Name _____ Hebrew Name _____
 Spouse _____ Hebrew Name _____
 Address _____
 City _____ State _____ ZIP Code _____
 Telephone (Home) _____ (Business) _____ (Cell) _____
 Husband E-mail _____ Wife's E-mail _____
 Child/ren in Preschool

Aliyah Information

If you filled out this information last year, you do not need to do so again.

Father's Hebrew Name _____ Mother's Hebrew Name _____
 Spouse's Father _____ Mother _____
 Kohen Levi Yisrael
Birthdates (Hebrew dates if known):
 DOB _____ Spouse's DOB _____
 Bar Mitzvah Parsha _____ Wedding Anniversary _____

Membership Dues

- | | |
|--|--|
| <input type="checkbox"/> Family Membership \$1,250.00 | <input type="checkbox"/> Couple's Membership \$1,000.00 |
| <input type="checkbox"/> Single's Membership \$650.00 | <input type="checkbox"/> Seasonal Membership \$600.00 |
| <input type="checkbox"/> Associate Membership \$450.00 | <input type="checkbox"/> Sponsor Membership \$1,800.00 |
| <input type="checkbox"/> Introductory Membership \$360.00 | |

Billing Information

Enclosed is the full amount I will call the Shul to make arrangements
 Please bill my credit card quarterly monthly *
 Please charge my credit card M/C VISA DISCOVER
 Card #: - - - Expiration Date: _____ / _____

* If you wish to be billed monthly, it must be done by credit or ATM card.

 Print name

 Signature

Balance: Membership: \$ _____

*Please return completed form by September 1 with your remittance to:
 3696 Fisher Road, Palm Harbor, FL 34683*

You can sign up online by visiting www.yichabad.com

**Early bird discount – return the forms with your full remittance (or pay online) by Aug. 16
 and receive a 10% discount!**

**No-one will be denied membership for financial reasons. If you need special
 arrangements, please call the Rabbi (727) 789-0408**

Young Israel-Chabad of Pinellas County

5772



2011-2012

Shul Member's Yahrtzeit Form

Please Print Clearly

Please use another sheet of paper if necessary

If you have filled this out last year, you do not need to do so again

Name _____ Address _____

Phone _____ Fax _____

Yahrtzeit # 1

Name of deceased: _____ Date (M/D/Y): _____ (Hebrew date if known)

Relationship: _____

Yahrtzeit # 2

Name of deceased: _____ Date (M/D/Y): _____ (Hebrew date if known)

Relationship: _____

Yahrtzeit # 3

Name of deceased: _____ Date (M/D/Y): _____ (Hebrew date if known)

Relationship: _____

Yahrtzeit # 4

Name of deceased: _____ Date (M/D/Y): _____ (Hebrew date if known)

Relationship: _____

Yahrtzeit # 5

Name of deceased: _____ Date (M/D/Y): _____ (Hebrew date if known)

Relationship: _____

Yahrtzeit # 6

Name of deceased: _____ Date (M/D/Y): _____ (Hebrew date if known)

Relationship: _____

Children's Birthdates

(Hebrew dates if known)

1) Name _____ Hebrew Name _____ Date _____ Yr. _____

2) Name _____ Hebrew Name _____ Date _____ Yr. _____

3) Name _____ Hebrew Name _____ Date _____ Yr. _____

4) Name _____ Hebrew Name _____ Date _____ Yr. _____

5) Name _____ Hebrew Name _____ Date _____ Yr. _____