

SUPPORTER / MEMBERSHIP APPLICATION FORM

PLEASE RETURN THIS FORM TO ADDRESS BELOW

395 Eastern Avenue, Gants Hill, Ilford, Essex, IG2 6LR • Phone: 020 8554 1624 • Fax: 020 8518 2126
Web: www.chabadilford.co.uk • E-mail: rabbi@chabadilford.co.uk

All information on this form will be kept confidential.

It will be used only by us and the Western Charitable Foundation, if you sign up to the burial scheme.

FAMILY INFORMATION

Family Name _____ Home Phone _____

Home Address _____

County _____ Postcode _____

YOUR DETAILS

First Name _____

Hebrew Name _____ Cohen Levi Yisroel Convert Adopted

Father's Hebrew Name _____ Mother's Hebrew Name _____

D.O.B. (D/M/Y) _____ Time of birth _____
We need this to calculate Hebrew date

Work Phone _____ Mobile _____

Email _____ Occupation _____

SPOUSE DETAILS

First Name _____

Hebrew Name _____ Cohen Levi Yisroel Convert Adopted

Father's Hebrew Name _____ Mother's Hebrew Name _____

D.O.B. (D/M/Y) _____ Time of birth _____
We need this to calculate Hebrew date

Work Phone _____ Mobile _____

Email _____ Occupation _____

MARITAL STATUS

Married, Anniversary _____

Synagogue where married _____

Never been married

Widowed, Date: _____

Divorced: Date _____ "Get" administered by: _____

Date "Get" administered: _____ Name of previous spouse: _____

- Please provide a copy of your Kutuba -

CHILDREN

Full Name _____

Hebrew Name _____ Convert Adopted

D.O.B. (D/M/Y) _____ Time of birth _____
We need this to calculate Hebrew date

Male / Female _____ School _____

Full Name _____

Hebrew Name _____ Convert Adopted

D.O.B. (D/M/Y) _____ Time of birth _____
We need this to calculate Hebrew date

Male / Female _____ School _____

Full Name _____

Hebrew Name _____ Convert Adopted

D.O.B. (D/M/Y) _____ Time of birth _____
We need this to calculate Hebrew date

Male / Female _____ School _____

Full Name _____

Hebrew Name _____ Convert Adopted

D.O.B. (D/M/Y) _____ Time of birth _____
We need this to calculate Hebrew date

Male / Female _____ School _____

Full Name _____

Hebrew Name _____ Convert Adopted

D.O.B. (D/M/Y) _____ Time of birth _____
We need this to calculate Hebrew date

Male / Female _____ School _____

YAHRTZEITS

Full Name _____

Hebrew Name _____ Cohen Levi Yisroel Convert

Father's Hebrew Name _____ Mother's Hebrew Name _____

Date of death (D/M/Y) _____ Time of death _____
We need this to calculate the Hebrew date

Relationship _____

Full Name _____

Hebrew Name _____ Cohen Levi Yisroel Convert

Father's Hebrew Name _____ Mother's Hebrew Name _____

Date of death (D/M/Y) _____ Time of death _____
We need this to calculate the Hebrew date

Relationship _____

Full Name _____

Hebrew Name _____ Cohen Levi Yisroel Convert

Father's Hebrew Name _____ Mother's Hebrew Name _____

Date of death (D/M/Y) _____ Time of death _____
We need this to calculate the Hebrew date

Relationship _____

Full Name _____

Hebrew Name _____ Cohen Levi Yisroel Convert

Father's Hebrew Name _____ Mother's Hebrew Name _____

Date of death (D/M/Y) _____ Time of death _____
We need this to calculate the Hebrew date

Relationship _____

MEMBERSHIP PAYMENT OPTIONS

All Membership fees or donations can be made in one instalment or in 12 monthly instalments

Please tick your desired package and then **circle** your preferred payment option:

- | | | |
|--|-------------|---------------|
| <input type="checkbox"/> Family Membership with burial | £50 monthly | £600 annually |
| <input type="checkbox"/> Young couples Membership with burial | £42 monthly | £504 annually |
| <input type="checkbox"/> Single person Membership with burial | £30 monthly | £360 annually |
| <input type="checkbox"/> Single person Membership without burial | £25 monthly | £300 annually |
| <input type="checkbox"/> Family Membership without burial | £30 monthly | £360 annually |
| <input type="checkbox"/> Supporter and Friend of Chabad | £18 monthly | £216 annually |

BUILDING FUND & OTHER DONATIONS

In addition to membership, we encourage your participation in our building fund and many other projects. If you would like to contribute in a greater way, your larger monthly donation can include your membership and burial should you require these services.

Any donation, large or small will be greatly appreciated.

Please, help us build the future and expand our horizons!

1 payment of **£1,200** 12 monthly instalments of **£100**

1 payment of **£2,400** 12 monthly instalments of **£200**

Other amounts: 1 payment of £_____ 12 monthly instalments of _____

AREAS OF INTEREST INFORMATION

At Chabad we offer a wide range of programmes and activities, help us cater for you better by giving us an idea of your areas of interest and events you and your family may be interested in :

- | | |
|--|---|
| <input type="checkbox"/> Adult education | <input type="checkbox"/> One-off speakers |
| <input type="checkbox"/> Hebrew reading | <input type="checkbox"/> Mum's & Tot's |
| <input type="checkbox"/> Weekly classes | <input type="checkbox"/> Singles events |
| <input type="checkbox"/> Occasional courses | <input type="checkbox"/> Teenage programs |
| <input type="checkbox"/> Friday Night Services | <input type="checkbox"/> Women's events |
| <input type="checkbox"/> Shabbos morning Services | <input type="checkbox"/> Youth activities |
| <input type="checkbox"/> Shabbos children's services | <input type="checkbox"/> Communal Festival celebrations |
| <input type="checkbox"/> Family Friday Night Dinners | <input type="checkbox"/> Business lunchtime classes |
| <input type="checkbox"/> Café Chabad | <input type="checkbox"/> Other: _____ |

Confirm email address for events emails: _____

Notes: (anything else you want to tell us about your family, interests or needs) _____

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I hereby certify that all information given above is true and correct and that I, and all members of my immediate family named herein, are Jewish by birth, or by conversion in accordance with Orthodox Jewish Law (Halacha).

Signature: Husband _____ Wife _____

Should you require any assistance completing this form, please call us on 020 8554 1624

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For office use only:
(For records of Burial Society)

I have checked through the information in this form and can verify, to the best of my knowledge that all the information is correct and that all members of the above family named herein, are Jewish by birth, or by conversion in accordance with Orthodox Jewish Law (Halacha).

Signed off by Rabbi: _____ Date: _____