

# Membership Form 5780 (2019-2020)

☐ New ☐ Renewal

If RENEWAL you only need to update information that has changes from last year



PRINCIPAL MEMBERS							
Name		Name					
Jewish Name		Jewish Nar	me				
Birthdate	am pm	Birthdate _		□am □pm			
Mother's Jewish Name		Mother's Je	ewish Name				
Father's Jewish Name		Father's Je	Father's Jewish Name				
CHILDREN							
Name	Jewish Name		Birthdate	□ am □ pm			
Name	Jewish Name		Birthdate	🗆 am 🔲 pm			
Name	Jewish Name		Birthdate	□am □pm			
Name	Jewish Name		Birthdate	□am □pm			
Name	Jewish Name		Birthdate	🗆 am 🗆 pm			
Name	Jewish Name		Birthdate				
Name	Jewish Name		Birthdate	🗆 am 🔲 pm			
Do you have college age children	and what are their names and e-mail a	ddress(es)?					
	CONTACT	INFORMATION					
Home Address							
Work Address							
PHONE: Home	Cell		Work				
Email(s)							
	YAF	RTZEITS					
Jewish Names	Dat	e	Relationship				
Jewish Names	Dat	re	Relationship				
Jewish Names	Dat	ce	Relationship				
PREFERENCES							
I/we are interested in the following	ng:						
☐ Attending weekly classes	☐ Hebrew School ☐ Che	evra Kadisha	☐ Shabbat Morning Minyan				
☐ Women's Chessed Group	☐ Men's Club ☐ Sha	abbas Club	☐ Youth Group				
Please see hack side for members	ship henefits and payment information \	You may also reaist	er online at chahadcolumbus com				



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continued



#### **BENEFITS OF MEMBERSHIP**

#### Single & Family Membership Includes:

- Hebrew school reduced tuition
- Bar/Bat Mitzvah facilitation
- 30% discount on social hall rental

614-939-0765 | www.ChabadColumbus.com

• Jewish Learning Institute (JLI) Class Discounts

### **Enhanced Membership Also Includes:**

 Priority reservation on kiddush sponsorship for one occasion of your choice (Please 614-939-0765 to reserve your special date)

## **Associate Membership Includes:**

• Jewish Learning Institute (JLI) Class Discounts

	MEMBEDCHID LEVELS	AND CATECODIES					
	MEMBERSHIP LEVELS	AND CATEGORIES					
☐ Single Membership \$750 ☐ Single Enhanced Membership \$1,150 ☐ Family Membership \$1,250	High Holiday Aliyah Special High Holida Kiddish Sponsorsh	y Aliyah \$1,000	High Holiday Yizkor Unlimited Family Listings \$155  Remembrance Wall Plaque— Call for suggested donation amount				
Enhanced Family Membership \$1,550							
Associate Membership \$650 (if a member of a	nother shul)		Total				
Security Fee for all membership levels \$300							
MEMBERSHIP PAYMENT INFORMATION							
☐ Please invoice me ☐ My check is enclosed		□ Visa □ MC □ AE □ Disc					
<ul> <li>□ Please charge my credit card for full amount</li> <li>□ Please charge my credit card in:</li> <li>□ 3</li> <li>□ 6</li> <li>□ 9 or</li> <li>□ 12 installments</li> </ul>		CC#	SIC:				
Please return to: The Lori Schottenstein Chab 6220 E. Dublin-Granville Road, New Albany, O		SIGNITURE:					

Please make checks payable to The Lori Schottenstein Chabad Center.
Thank you for supporting our shul!

OSU Chabad House, Inc. dba The Lori Schottenstein Chabad Center, a 501(c)(3) organization under the Internal Revenue code, acknowledges that your contribution is tax deductible as no goods and services were provided in exchange for the contribution.