✡ Membership Form 2013 - $770.oo ✡

Town of Oyster Bay Chabad, 678 Woodbury Road, Woodbury, NY 11797

IF YOU WISH TO BECOME A MEMBER, PLEASE COMPLETE THIS FORM.
PLEASE PRINT CLEARLY AND RETURN THIS FORM WITH YOUR $770 MEMBERSHIP FEE.
*Please use **English Transliteration** for **all Hebrew names** on this form.*

Information about you:

Name: _____

Hebrew Name: _____

Father's Hebrew Name: _____

Mother's Hebrew Name: _____

Occupation: _____

Birth Date: _____

Jewish by: ☐ Birth ☐ Converted

Check one: ☐ Cohen ☐ Levi ☐ Israel

Information about your spouse:

Spouse's Name: _____

Spouse's Hebrew Name: _____

Father's Hebrew Name: _____

Mother's Hebrew Name: _____

Spouse's Occupation: _____

Spouse's Birth Date: _____

Jewish by: ☐ Birth ☐ Converted

Check one: ☐ Cohen ☐ Levi ☐ Israel

Personal information:

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____

Work Phone: _____

Email Address 1: _____

Email Address 2: _____

Marital Status (check one): ☐ Single ☐ Married ☐ Divorced ☐ Widowed

If married, Anniversary Date: _____

(Please complete Page 2 ⇨)

Information about your children:

Child 1 Name: ______________________ Date of Birth: __________

Child 2 Name: ______________________ Date of Birth: __________

Child 3 Name: ______________________ Date of Birth: __________

Child 4 Name: ______________________ Date of Birth: __________

Child 5 Name: ______________________ Date of Birth: __________

Are any children adopted? ☐ Yes ☐ No

If yes, give details including any conversion info:

____

____

Yahrzeit Information: (Please provide the **Civil Date** of Passing. Our office will verify the Hebrew Date for you.)

English Name: ______________ Relationship: ______________

Hebrew Name: ______________ Civil Date of Passing: ______________ ☐ Day ☐ Evening

Father's Hebrew Name: ______________ Hebrew Date of Passing: ______________

English Name: ______________ Relationship: ______________

Hebrew Name: ______________ Civil Date of Passing: ______________ ☐ Day ☐ Evening

Father's Hebrew Name: ______________ Hebrew Date of Passing: ______________

English Name: ______________ Relationship: ______________

Hebrew Name: ______________ Civil Date of Passing: ______________ ☐ Day ☐ Evening

Father's Hebrew Name: ______________ Hebrew Date of Passing: ______________

English Name: ______________ Relationship: ______________

Hebrew Name: ______________ Civil Date of Passing: ______________ ☐ Day ☐ Evening

Father's Hebrew Name: ______________ Hebrew Date of Passing: ______________

English Name: ______________ Relationship: ______________

Hebrew Name: ______________ Civil Date of Passing: ______________ ☐ Day ☐ Evening

Father's Hebrew Name: ______________ Hebrew Date of Passing: ______________

English Name: ______________ Relationship: ______________

Hebrew Name: ______________ Civil Date of Passing: ______________ ☐ Day ☐ Evening

Father's Hebrew Name: ______________ Hebrew Date of Passing: ______________

*For your membership to be processed, this form must be completed and submitted with your membership payment **in full**.*
Please call our office at 516-682-0404 if you have any questions.