

Chabad of Cobb
4450 Lower Roswell Rd.
Marietta, GA 30068
770-565-4412
www.ChabadofCobb.com

Date ___/___/___

MEMBERSHIP/PARTNERSHIP APPLICATION FORM – 2016/2017 - 5777

Existing members: only complete the fields marked with an asterisk* and any personal information that has changed.

PERSONAL INFORMATION – HIS

* **Family Name** _____ ***First Name** _____

Home Address _____ City/State/Zip _____

Home Phone _____ Cell _____

Occupation _____ Work Phone _____

Work Address _____ City/State/Zip _____

Fax _____ ***Email** _____

Hebrew Name _____ Ben (Father's Hebrew Name) _____

Date of Birth _____ Ben (Mother's Hebrew Name) _____

Cohen Levi Yisroel Convert Don't Know Is mother Jewish by birth? Yes No

Marital Status: Single Married Divorced Widowed

PERSONAL INFORMATION – HERS

***Family Name** _____ ***First Name** _____

Home Address _____ City/State/Zip _____

Home Phone _____ Cell _____

Occupation _____ Work Phone _____

Work Address _____ City/State/Zip _____

Fax _____ ***Email** _____

Hebrew Name _____ Bat (Father's Hebrew Name) _____

Date of Birth _____ Bat (Mother's Hebrew Name) _____

Cohen Levi Yisroel Convert Don't Know Is mother Jewish by birth? Yes No

Marital Status: Single Married Divorced Widowed

CHILDREN

Name	Hebrew Name	DOB (D/M/Y)	M/F
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____

YARTZEIT INFORMATION

Please complete the form below if you have not already provided us with your loved one's Yartzeit information. We will contact you before the Yartzeit to remind you of the date.

The New Year is just around the corner. Rosh Hashana begins the evening of October 2nd. One of the important aspects of the high holidays is remembering our loved ones. In Jewish tradition, a special way to honor their memory is to inscribe a plaque with their names on a Yartzeit board.

If you would like the name of your loved one inscribed on our beautiful yartzeit board, please complete the form below and return it to us **by September 10, 2016**. The price of each plaque is \$480. The plaques will be illuminated on the anniversary of your loved one's passing, commemorating the Yartzeit each year and also on the High Holidays.

DEPARTED'S INFORMATION

Name _____ Relationship _____
Hebrew Name _____ Ben (Father's Hebrew Name) _____
Date of Passing ____/____/____ Time of Passing Before Nightfall After Nightfall
 Please contact me regarding purchasing a plaque on the Chabad of Cobb's Yartzeit board in memory of my loved one.

DEPARTED'S INFORMATION

Name _____ Relationship _____
Hebrew Name _____ Ben (Father's Hebrew Name) _____
Date of Passing ____/____/____ Time of Passing Before Nightfall After Nightfall
 Please contact me regarding purchasing a plaque on the Chabad of Cobb's Yartzeit board in memory of my loved one.

DEPARTED'S INFORMATION

Name _____ Relationship _____
Hebrew Name _____ Ben (Father's Hebrew Name) _____
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DEPARTED'S INFORMATION

Name _____ Relationship _____
Hebrew Name _____ Ben (Father's Hebrew Name) _____
Date of Passing ____/____/____ Time of Passing Before Nightfall After Nightfall
 Please contact me regarding purchasing a plaque on the Chabad of Cobb's Yartzeit board in memory of my loved one.

MEMBERSHIP/PARTNERSHIP OPPORTUNITIES

MEMBERSHIP BENEFITS LIST:

- ❖ High Holiday Seats Reserved In Your Name
- ❖ Discounted Hebrew School Tuition
- ❖ Discounted Bar and Bat Mitzvah Fees
- ❖ Discounted Rate for Using Chabad of Cobb Facility
- ❖ Free Chanukah Kit Mailed to Students at College, Upon Request by Nov. 1st, 2016

All payments must be received at our office **no later than August 26, 2016**. Payments can be made in full or in 12 monthly installments (Monthly Installments: credit card or post-dated checks. Checks should be dated the 1st or 15th of each month from September 2016 thru August 2017.

Credit Cards will be charged the beginning or middle of each month).
A discount for payment in full is reflected in the payment options below.

Please check the option of your choice:

- | | | |
|-------------------------------------|--|---|
| Family * | <input type="checkbox"/> \$146 Monthly | <input type="checkbox"/> \$1650 Payment in full |
| Seniors (65+)/Single Parent* | <input type="checkbox"/> \$80 Monthly | <input type="checkbox"/> \$850 Payment in full |
| Associate Family ** | <input type="checkbox"/> \$65 Monthly | <input type="checkbox"/> \$695 Payment in full |
| Associate Single/Seniors** | <input type="checkbox"/> \$40 Monthly | <input type="checkbox"/> \$410 Payment in full |

Chai Platinum*	<input type="checkbox"/> \$360 Monthly	<input type="checkbox"/> \$3600 Payment in full
Chai Gold*	<input type="checkbox"/> \$180 Monthly	<input type="checkbox"/> \$1800 Payment in full

*Family Includes High Holiday Seats for Immediate Family Members Only ** Associate Does Not Include Seats

❖ High Holiday Seats are \$152.00 per seat for Extended Family ❖ To Reserve High Holiday Seats contact our office.

MEMBERSHIP/PARTNERSHIP PAYMENT

- Enclosed is a check for payment in full for the Membership/Partnership opportunity selected above.
- Enclosed are 12 postdated checks for the Membership/Partnership opportunity selected above.
- Please charge my credit card for the Membership/Partnership opportunity selected above.

YOUTH SUPERVISION & SERVICES PAYMENT

- Enclosed is a check for payment in full for Youth Supervision and Services (per previous page).
- Please charge my credit card \$_____ for Youth Supervision and Services (per previous page).

EXTENDED FAMILY SEAT PAYMENTS

- Enclosed is a check of \$_____ for extended family High Holiday seats (\$152.00 per seat).
- Please charge my credit card \$_____ for extended family High Holiday seats (\$152.00 per seat).

Visa M/C AmEx **Print your name** _____

Card # _____ **Exp. Date** ____/____ **CVV Sec. Code** _____

Signature: _____ **Date:** _____