

# The Chabad of CentrepoinTE Family Shul

## Membership Application Form 5778-2017

Mailing Address: 23 Palisade Street, Ottawa ON K2G 5M6  
 High Holiday Shul Located at: 261 CentrepoinTE Dr. Unit 12  
 Phone 613-218-8505 E-mail [Rabbi@ChabadCentrepoinTE.com](mailto:Rabbi@ChabadCentrepoinTE.com)

*Payments can be made by cheque, cash or online  
[www.chabadcentrepoinTE.com](http://www.chabadcentrepoinTE.com)*

Please print this form and mail or email to our office.

Alternatively fill our online form at [chabadcentrepoinTE.com/HHoliday](http://chabadcentrepoinTE.com/HHoliday)



### Membership Fees

Gold-\$1,000  Family-\$600  Single Parent-\$360  Single-\$360

Associate Membership-\$180  Student- \$180

There is also the option to purchase **High Holiday seats** without formally joining as a member:

Family-\$250  Adult-\$150  Child \$50

ALL FEES CAN BE PAID IN 12 MONTHS INSTALLMENTS.

*Nobody will be turned away for lack of funds. Please contact Rabbi Mendelsohn confidentially at 613-218-8505.*

### Personal Information

Family Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Marital Status \_\_\_\_\_

### His Info

First Name \_\_\_\_\_  Cohen  Levi  Yisrael  Convert

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Ben (Father's Hebrew Name) \_\_\_\_\_

Ben (Mother's Hebrew Name) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Day Month Year

Before or after Sunset  before  after

### Her Info

First Name \_\_\_\_\_  Cohen  Levi  Yisrael  Convert

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Bat (Father's Hebrew Name) \_\_\_\_\_

Bat (Mother's Hebrew Name) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Day Month Year

Before or after Sunset  before  after

<b>Children</b>					
Name	Hebrew Name	D/O/B D/M/Y	Before/After Sunset	M/F	School
_____	_____	__/__/__	_____	_____	_____
_____	_____	__/__/__	_____	_____	_____
_____	_____	__/__/__	_____	_____	_____
_____	_____	__/__/__	_____	_____	_____
_____	_____	__/__/__	_____	_____	_____

  

<b>Yartzeits</b> (parents or children)				
Hebrew / English Name		Date of Death (English)	Relationship	Before or After Sunset
<b>Husband</b>				
_____	_____	_____	_____	<input type="checkbox"/> Before <input type="checkbox"/> After
First Name	Last Name	D/M/Y		
_____	_____	_____	_____	<input type="checkbox"/> Before <input type="checkbox"/> After
First Name	Last Name	D/M/Y		
_____	_____	_____	_____	<input type="checkbox"/> Before <input type="checkbox"/> After
First Name	Last Name	D/M/Y		
_____	_____	_____	_____	<input type="checkbox"/> Before <input type="checkbox"/> After
First Name	Last Name	D/M/Y		
<b>Wife</b>				
_____	_____	_____	_____	<input type="checkbox"/> Before <input type="checkbox"/> After
First Name	Last Name	D/M/Y		
_____	_____	_____	_____	<input type="checkbox"/> Before <input type="checkbox"/> After
First Name	Last Name	D/M/Y		
_____	_____	_____	_____	<input type="checkbox"/> Before <input type="checkbox"/> After
First Name	Last Name	D/M/Y		
_____	_____	_____	_____	<input type="checkbox"/> Before <input type="checkbox"/> After
First Name	Last Name	D/M/Y		



**Chabad of CentrepoinTE Membership Highlights:**

Adult Education, Family Events, Holiday Programs, Kaddish Service, Kiddush Sponsorship, High Holiday Seating, Rabbi's Service (Bar/Bat Mitzvah Services, Brit & Baby Naming Service, Counseling, Matrimonial, Referrals, Bereavement), Religious Articles (e.g. Talit, Tefillin & Mezuzah), Shabbatons, Women's Events, Mommy & Me, Social and Holiday Events, Weekly Email Newsletter, Youth Services and Activities, Bar/Bat Mitzvah Lessons, Shabbat & Holiday Youth Programs, Kosher Cooking Classes, Mega Challah Bake, Youth Volunteer Programs...

*Experience Judaism + Joy!*