

CHABAD OF CENTREPOINTE
 Mailing Address 23 Palisade Street, Ottawa ON K2G 5M6
 All High Holiday Services take place at 261 Centrepointe Dr. Unit 12
 Phone 613-218-8505

E-mail Rabbi@ChabadCentrepointe.com

Payments can be made by cheque, cash or online www.chabadcentrepointe.com

Please print this form and mail or email to our office

The Chabad of Centrepointe Family Shul
Membership Application Form 5776-2015



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

| Children | | | | | |
|-----------------|-------------|----------------|------------------------|-------|--------|
| Name | Hebrew Name | D/O/B D/M/Y | Before/After Sunset | M/F | School |
| _____ | _____ | __/__/__ | _____ | _____ | _____ |
| _____ | _____ | __/__/__ | _____ | _____ | _____ |
| _____ | _____ | __/__/__ | _____ | _____ | _____ |
| _____ | _____ | __/__/__ | _____ | _____ | _____ |
| _____ | _____ | __/__/__ | _____ | _____ | _____ |

| Yartzeits (parents or children) | | | | |
|--|-----------|-------------------------|--------------|--|
| Hebrew / English Name | | Date of Death (English) | Relationship | Before or After Sunset |
| Husband | | | | |
| _____ | _____ | _____ | _____ | <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 | | |
| Wife | | | | |
| _____ | _____ | _____ | _____ | <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, Monthly Youth Events & Trips & Much More...

Bringing Judaism to Life!