



Central Shule Chabad

Membership Application Form

Dear Sir

I hereby apply for admission to join your congregation for myself / my wife / and family. I agree to abide by the term of the Central Community Centre's Constitution and to pay my / our Shule fees & levies.

Signature of Applicant: _____ Date: _____

MEMBER INFORMATION

Dr/Mr/Mrs/Ms: _____ First Name: _____

Surname: _____ & Dr/Mr/Mrs/Ms: _____

First Name: _____ Surname: _____

Residential Address: _____

State: _____ Postcode: _____

Home No: _____

Mobile No (Member 1): _____ Mobile No (Member 2): _____

Email (Member 1): _____ Email (Member 2): _____

Marital Status: _____

Shule of Marriage: _____ Date: _____

City & Country: _____

PLEASE NOTE:

A copy of your Ketubah (Jewish Marriage Certificate) must be attached with this application.

If you are single please state what Shule and the date that your parents got married and attach a copy of your Full birth certificate.

Parents Shule of Marriage: _____ Date: _____

City & Country: _____

Member 1:

Hebrew Name (English Spelling): _____

Date of Birth: ____/____/_____

Please Tick One:

Kohen Levi Yisrael

Father's Hebrew Name (English Spelling): _____

Mother's Hebrew Name (English Spelling): _____

Member 2:

Hebrew Name (English Spelling): _____

Date of Birth: ____/____/_____

Please Tick One:

Kohen Levi Yisrael

Father's Hebrew Name (English Spelling): _____

Mother's Hebrew Name (English Spelling): _____

Yahrzeit Information

On completion of the following information, a letter will be sent out annually reminding you of each Yahrzeit.

Name Of Deceased:

English: _____ Hebrew (English Spelling) : _____

Relationship to member: _____

Date of death: _____ Time of death: _____

City: _____ Country: _____ Hebrew Date of death: _____

Name Of Deceased:

English: _____ Hebrew (English Spelling) : _____

Relationship to member: _____

Date of death: _____ Time of death: _____

City: _____ Country: _____ Hebrew Date of death: _____

Name Of Deceased:

English: _____ Hebrew (English Spelling) : _____

Relationship to member: _____

Date of death: _____ Time of death: _____

City: _____ Country: _____ Hebrew Date of death: _____

Name Of Deceased:

English: _____ Hebrew (English Spelling) : _____

Relationship to member: _____

Date of death: _____ Time of death: _____

City: _____ Country: _____ Hebrew Date of death: _____