

# Chabad Lubavitch of Aurora

## "Where Judaism comes alive"

### MEMBERSHIP APPLICATION FORM

#### 1. Applicant information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State. Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### 2. Family Information

Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Birthday/Anniversary: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Birthday/Anniversary: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Birthday/Anniversary: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Birthday/Anniversary: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Birthday/Anniversary: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

#### 3. Yahrzeits

Name: \_\_\_\_\_

Date of Passing: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Passing: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Passing: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Passing: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

#### 3. Membership Packages

ALL MEMBERSHIP PACKAGES INCLUDE FREE HIGH HOLIDAY SEATS  
& DISCOUNTS THROUGHOUT THE YEAR

**Single** \$500 or 12 monthly payments of \$41.66

**Family** \$1,000 or 12 monthly payments of \$83.33

**Silver** \$1,500 or 12 monthly payments of \$125.00  
INCLUDES SPECIAL RECOGNITION THROUGHOUT THE YEAR

**Gold** \$3,000 or 12 monthly payments of \$250.00  
INCLUDES SPECIAL RECOGNITION THROUGHOUT THE YEAR

**Supporter** 12 x any amount.

Please find my check in the amount of: \_\_\_\_\_  
payable to **Chabad of Aurora**

Please invoice me  Full Amount  Monthly

Please charge my  VISA  MC  AMEX

Total amount of \$ \_\_\_\_\_ or 12 x \$ \_\_\_\_\_

Name \_\_\_\_\_

Card # \_\_\_\_\_

Exp. Date / / cvc/cvv \_\_\_\_\_