

# Express Membership Update



Express Update  
Form  
(Web Version)

## PERSONAL INFORMATION

Your Name \_\_\_\_\_  
**Any changes** to your cell phone/work phone/e-mail address?

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Spouse Name (if applicable) \_\_\_\_\_  
**Any changes** to spouse's cell phone/work phone/e-mail address?

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**Any changes** to your home address/home phone/marital status?  
(If married within the past year, please share your anniversary and your spouse's birthday.)

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## CHILDREN

Same as last year

Any additions to your family this year (born in the past year)?  
(English name, Hebrew name, DOB including year, and time of birth)

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## YARTZEITS

Same as last year

Any new Yartzeits in your family?  
(English name, Hebrew name, parent's Hebrew names if known, date/time of passing, and the deceased's relationship to you)

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## HIGH HOLIDAY SEATING

Please write the names of all adults and children attending High Holiday Services on  
Rosh Hashanah: September 29<sup>th</sup>-October 1<sup>st</sup>, and Yom Kippur: October 8<sup>th</sup>-19<sup>th</sup>.

Full paying members are entitled to 2 adult seats for the High Holidays.

Unmarried children are invited to attend with you at no additional cost.

Senior/Young/ Discounted Membership Additional seats for children are \$50.

ALL Members: Seats for other family members or out-of-town guests are \$150.

Name	RH, YK or Both		
_____	_____	<input type="checkbox"/> Child 10-16	<input type="checkbox"/> Child 2-10
_____	_____	<input type="checkbox"/> Child 10-16	<input type="checkbox"/> Child 2-10
_____	_____	<input type="checkbox"/> Child 10-16	<input type="checkbox"/> Child 2-10
_____	_____	<input type="checkbox"/> Child 10-16	<input type="checkbox"/> Child 2-10
_____	_____	<input type="checkbox"/> Child 10-16	<input type="checkbox"/> Child 2-10
_____	_____	<input type="checkbox"/> Child 10-16	<input type="checkbox"/> Child 2-10

### PAYMENT DETAILS:

Additional seats are \$150 per adult, \$50 per child.

\_\_ men / \_\_ women [\$150/seat] + \_\_ boys / \_\_ girls [\$50/child] = \$

Nobody will be turned away for lack of funds.

## YIZKOR BOOK

A Yizkor Memorial Book will be printed for Yom Kippur and used for Yizkor throughout the year.

If you would like your loved ones names included the below section MUST be filled out.

Same as last year

Name	Remembered By
_____	_____
_____	_____
_____	_____
_____	_____

## YIZKOR BOARD

If you would like a plaque to honor your loved ones on the memorial board, please indicate their names and date of yarzeit.  
(\$500 donation for each plaque)

Name	Date of passing
_____	_____
_____	_____

## MEMBERSHIP 57, \$(20%-8\$20)

### Membership may be paid in one or in 12 monthly installments

Please check the option of your choice:

- |  |  |   |                                |
|--|--|---|--------------------------------|
| <input type="checkbox"/> Membership              | <input type="checkbox"/> \$150 monthly | <input type="checkbox"/> \$1,800 annually | <input type="checkbox"/> Other |
| <input type="checkbox"/> Senior/Young Membership | <input type="checkbox"/> \$75 monthly  | <input type="checkbox"/> \$900 annually   | <input type="checkbox"/> Other |
| <input type="checkbox"/> Security Fund           | <input type="checkbox"/> \$15 monthly  | <input type="checkbox"/> \$180 annually   | <input type="checkbox"/> Other |

## VOLUNTEER OPPORTUNITIES

Throughout the year, Chabad offers many programs and we'd be glad to have your help! If you are available to volunteer, or if your child needs community service hours, please select which programs you can help with.

- |  |   |
|--|---|
| <input type="checkbox"/> Shabbat Morning Kiddush                       | <input type="checkbox"/> Shalach Manot Packing    |
| <input type="checkbox"/> Pre-Kiddush Preparation<br>(Thursday/ Friday) | <input type="checkbox"/> Shalach Manot Deliveries |
| <input type="checkbox"/> Community Dinner Setup                        | <input type="checkbox"/> Matzah Packing           |
|  | <input type="checkbox"/> Matzah Deliveries        |

## CHAI TOTS SCHOLARSHIP FUND

In addition to membership, please consider the Chai Tots Scholarship Fund, which can be contributed in a single payment or in installments.

Please help us build the future for OUR children!

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|--|--|
| <input type="checkbox"/> 12 monthly payments of \$72 | <input type="checkbox"/> 12 monthly payments of \$36 |
| <input type="checkbox"/> 12 monthly payments of \$54 | <input type="checkbox"/> 12 monthly payments of \$18 |

## PAYMENT AUTHORIZATION

- I have enclosed a check/s for the contribution opportunities & High Holiday seats selected above
- Please charge my credit card as per above. (*Seat payments due in full prior to the High Holidays.*)

For your convenience, credit cards on file will automatically be charged for any outstanding balances under \$250 after 60 days.

Same as last year

Monthly statements will be emailed unless otherwise requested. Please notify us if you would like for your statements to be mailed to you.

Visa  M/C  AMEX Card # \_\_\_\_\_ Exp. Date \_\_ / \_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you!