

CHABAD OF UPTOWN

4311 Bettis Drive, Houston, TX 77027
www.ChabadUptown.org ♦ 713-419-3960

Membership Application Form

Family Name _____ Telephone: _____
Home Address _____ City _____ Zip _____
Business Address _____ Zip _____

Personal Details

First Name _____ Cohen Levi Yisroel Convert
Work Phone _____ Cell _____ Fax _____
Email _____ Occupation _____
Hebrew Name _____ Ben (Father's Hebrew Name) _____
Date of Birth _____ Ben (Mother's Hebrew Name) _____

Spouse Details

First Name _____ Cohen Levi Yisroel Convert
Work Phone _____ Cell _____ Fax _____
Email _____ Occupation _____
Hebrew Name _____ Bat (Father's Hebrew Name) _____
Date of Birth _____ Bat (Mother's Hebrew Name) _____

Children

Name	Hebrew Name	D/O/B	M/F	School
_____	_____	___ / ___ / ___	_____	_____
_____	_____	___ / ___ / ___	_____	_____
_____	_____	___ / ___ / ___	_____	_____
_____	_____	___ / ___ / ___	_____	_____

Yartzeits

English / Hebrew Name	Relationship	Date / Approx time of death
_____	_____	___ / ___ / ___ _____
_____	_____	___ / ___ / ___ _____
_____	_____	___ / ___ / ___ _____
_____	_____	___ / ___ / ___ _____

Membership Options

- Family Membership **\$1200** (\$100 per month)
- Single Membership **\$600** (\$50 per month)
- A year of Birthright Membership **Complimentary** *(Offer valid only if not a member of any other Shul previously)*

Checks should be made payable to: **Chabad of Uptown**

Credit Card: Type: _____ Number: _____ Exp. ___ / ___ CVV code _____

Note: Please provide either your Ketuba, or parents (of both spouses) Ketuba or conversion certificate.