

# 2015-2016 Membership Application

Chabad-Lubavitch of Greater Boynton - Beis Menachem  
 10655 El Clair Ranch Road - Boynton Beach, FL 33437

Telephone: 561-732-4633 Fax: 561-732-4653 www.ChabadBoynton.com

## YOUR INFO

Name: \_\_\_\_\_  
 Hebrew Name: \_\_\_\_\_  
 Father's Hebrew Name: \_\_\_\_\_  
 Mother's Hebrew Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

## SPOUSE'S INFO

Name: \_\_\_\_\_  
 Hebrew Name: \_\_\_\_\_  
 Father's Hebrew Name: \_\_\_\_\_  
 Mother's Hebrew Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

Check one: Cohen Levi Israel

## CONTACT INFORMATION

Address: \_\_\_\_\_  
 Name of Development/Community: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Cellular Number: \_\_\_\_\_  
 Northern Address: \_\_\_\_\_  
 City/ State/Zip/Telephone: \_\_\_\_\_  
 Wedding Anniversary: \_\_\_\_\_  
 Children's Names: \_\_\_\_\_

## SECTION IV: YAHRZEIT INFORMATION

*For each entry, please include full English and Hebrew name and relationship*

Name _____ <i>Full English Name(Last, First)/Hebrew Name/Relationship</i>	Date of Passing _____ AM PM
Name _____ <i>Full English Name(Last, First)/Hebrew Name/Relationship</i>	Date of Passing _____ AM PM
Name _____ <i>Full English Name(Last, First)/Hebrew Name/Relationship</i>	Date of Passing _____ AM PM
Name _____ <i>Full English Name(Last, First)/Hebrew Name/Relationship</i>	Date of Passing _____ AM PM

Please reserve for me an Aliyah on the following dates: \_\_\_\_\_

**Forms received complete and paid in full by July 10, 2015 receive 10% off membership fees**  
**Forms received complete and paid in full by August 10, 2015 receive 5% off membership fees**

**We kindly request all forms be returned, with full payment, by August 15, 2015**  
**Rosh Hashana 5776 is September 13, 2015**  
**Thank you very much for your needed cooperation.**

**OVER**

**MEMBERSHIP LEVELS**

*In response to several requests, we offer the following new annual membership opportunities for 5776;*

**\$10,000**     Annual Platinum    **One payment for the entire year!\***  
*Includes; Family membership, building fund dues, 2 adult tickets to all programs and events (including annual gala), all annual program dues (men and women), community institutions maintenance dues, all Shabbat Oneg and holiday dinners.*  
*\*Automatic honorary placement on all published donor listings acknowledging participation in year-round fundraising projects and campaigns.*  
*Recipient of "Chazak" Aliyah (or other distinct Torah honor).*

**\$5,400**     Annual Gold Pass    **One payments covers you for each of the following;**  
*Includes; Family membership, building dues, 2 adult tickets to all events (including annual gala), all annual program dues (men and women), community institutions maintenance dues, all Shabbat Oneg and holiday dinners.*  
*\*\* Recipient of a distinct high holiday honor (or other important Torah honor).*

**\$1,100**     Family Membership *(Includes 2 High Holiday Seats)*  
 Additional Family Member seats are \$150 each.  
*Please find payment for \_\_\_ additional men's seats and \_\_\_ additional women's seats.*

**\$1000**     Building Fund 5776

**\$600**     Seasonal Membership *(for those in Florida LESS than 4 months)*

**\$550**     Single Membership *(Includes 1 High Holiday Seat)*

**\$500**     Snowflake Membership *(30-90 days in Florida)*

**\$400**     Regular visitor/vacation home Membership

**\$360**     Annual Supporter *(for out-of-state, Friends of Chabad)*

**\$300**     Annual Community Institution maintenance dues, Eruv, Mikvah, Keilim Mikvah, Community Kollel, Israel Bond Drive (\$36)

**\$275**     High Holiday Seat *(Rosh Hashana & Yom Kippur)*  
*I would like to reserve \_\_\_ men's seats and \_\_\_ women's seats.*

**\$35**     High Holiday Children's Group. **Price is per child.** *(Ages 3 - 12)- MUST BE PRE-PAID*

I want to enroll \_\_\_ children in High Holiday Program  
Name of Child \_\_\_\_\_ Age: \_\_\_\_\_  
Name of Child \_\_\_\_\_ Age: \_\_\_\_\_  
Name of Child \_\_\_\_\_ Age: \_\_\_\_\_  
Name of Child \_\_\_\_\_ Age: \_\_\_\_\_

**Sub -Total \$** \_\_\_\_\_

*Please list me in the 5776 Community Rosh Hashana Card of New Year's Greeting to the entire community. \$18/family.*

**Total \$** \_\_\_\_\_

**PAYMENT OPTIONS:**     Visa     Mastercard     American Express     Discovercard

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

Expiration Date: \_\_\_ / \_\_\_ CVV Code: \_\_\_\_\_ Signature: \_\_\_\_\_

Check enclosed for \$ \_\_\_\_\_



- I will be using the above reserved seats on Rosh Hashanah.*
- I will not be using the above reserved seats on Rosh Hashanah.*
- I will be using the above reserved seats on Yom Kippur.*
- I will not be using the above reserved seats on Yom Kippur.*
- Please assign me to the same seats as last year.*
- I wish to select new seats, please contact me.*

# The Jewish Art Calendar 5776

Share your special dates in a meaningful manner.

Honor a loved one's Yahrzeit, birthday, anniversary or special occasion by distinctively listing it in the community's upcoming New Year's Jewish Art Calendar 5776

Your name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tel \_\_\_\_\_ Cell # \_\_\_\_\_

## All occasions will be displayed in the calendar on their actual date

Yahrtzeit Full Name \_\_\_\_\_ Date \_\_\_\_\_

Birthday Full Name \_\_\_\_\_ Date \_\_\_\_\_

Anniversary Full Name \_\_\_\_\_ Date \_\_\_\_\_

Special Occasion(s) Full Name \_\_\_\_\_ Date \_\_\_\_\_

\$25 per listing

# \_\_\_ of listing x \$25 = \$ \_\_\_\_\_ Enclosed/ Check # \_\_\_\_\_

Payment Options:  Visa  Mastercard  American Express  Discover

Card#: \_\_\_\_\_ Expiration \_\_\_/\_\_\_

CVV Code: \_\_\_\_\_ Signature: \_\_\_\_\_

Please use reverse side for additional date listings.



## Business Owners!

*Advertise here and be seen by thousands, daily!*

Back Cover, Calendar Sponsor \$5000

Full Page Centerfold \$3600

Full Page \$1800

Half Page \$1000

Quarter Page \$500

Business Card  1 Month \$180  6 Months \$500  12 Months \$750

Please indicate your preference of month(s), (not guaranteed) \_\_\_\_\_

**All advertisements must be submitted camera ready**

**Our community will certainly express its appreciation by patronizing  
your services!**

*All ads must be received by July 31, 2015*

**Excellent exposure to Palm Beach County's Jewish Community!**

**Congregation Chabad-Lubavitch of Greater Boynton**  
**10655 El Clair Ranch Road - Boynton Beach, Fl 33437**  
**561-732-4633 Fax 561-732-4653**

***Remember your Loved Ones - Honor their Memory***  
***Yizkor - 5776***

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Please list the dear departed listed below in The Yizkor Memorial Service Booklet used at Yizkor services of Yom Kippur and on each holiday of 5776 - \$18 per name.

**Please write the Hebrew name, Father's Hebrew name, family name - for each of your departed.**  
**These names will be printed in English, please transliterate as you wish for them to be published**

<i>Departed Hebrew name</i>	<i>Father Hebrew Name</i>	<i>Full English Name</i>	<i>Remembered By</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**If you need additional space, please use backside of this paper.**

Yizkor Book Listing \_\_\_\_ @ \$18 per name = \$ \_\_\_\_\_

Calendar Listing (over) \_\_\_\_ @\$25 per listing = \$ \_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**

Enclosed is my check

Credit Card Authorization for the total amount

Mastercard  Visa  Discover

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ CVV Code \_\_\_\_\_

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

**OVER**