

**Chabad at La Costa**

**Membership Form**

Head of Household: \_\_\_\_\_ Spouse: \_\_\_\_\_

Children and their ages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hebrew Names of Family Members: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please Indicate Type of Membership Desired:

**Supporter Membership - Starts at** \$1800 (fill in amount committed): \$ \_\_\_\_\_

Family Membership - \$1400

Individual Membership - \$800

Senior Membership - \$800

Student Membership - \$180

Associate Membership (50% of Standard Mem. Level

Please call me to discuss financial arrangements at \_\_\_\_\_.

I am not interested in membership now but want to support your work with a donation. Amount of Commitment: \$ \_\_\_\_\_.

Please order a Lulav & Esrog set for me (@ \$75 standard, or \$125 deluxe)

Please call on me as a **Volunteer**. (Interest: \_\_\_\_\_)

Best time to call \_\_\_\_\_.

Anyone who wants to join will be welcomed regardless of financial situation, and may be assured of absolute confidentiality in this matter.

Membership includes High Holiday seating, however, reservations are ***required***.

***How many people from your family will be joining us for the High Holidays:***

Number of Adults \_\_\_\_\_ Number of Children \_\_\_\_\_

***Yes! I want to help us pay off our mortgage! Amount of Commitment: \$ \_\_\_\_\_***

***Yes! I will make an additional monthly commitment to fund our community!:***

***Amount of extra commitment: \$ \_\_\_\_\_***

How would you like to pay? (Please select one)

Monthly / Quarterly/ Lump Sum

Amount: \$ \_\_\_\_\_ Method of Payment: (Please select one)

Visa/MasterCard / Personal Check / Business Check / Cash

Credit Card Number: \_\_\_\_\_ Exp. \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_