



Membership Form 5780 (2019-2020)



THE LORI SCHOTTENSTEIN
CHABAD CENTER
6220 Dublin Granville Road
New Albany, Ohio 43054
614.939.0765

New Renewal

If RENEWAL you only need to update information that has changes from last year

PRINCIPAL MEMBERS

Name _____

Name _____

Jewish Name _____

Jewish Name _____

Birthdate _____ am pm

Birthdate _____ am pm

Mother's Jewish Name _____

Mother's Jewish Name _____

Father's Jewish Name _____

Father's Jewish Name _____

CHILDREN

Name _____ Jewish Name _____ Birthdate _____ am pm

Name _____ Jewish Name _____ Birthdate _____ am pm

Name _____ Jewish Name _____ Birthdate _____ am pm

Name _____ Jewish Name _____ Birthdate _____ am pm

Name _____ Jewish Name _____ Birthdate _____ am pm

Name _____ Jewish Name _____ Birthdate _____ am pm

Name _____ Jewish Name _____ Birthdate _____ am pm

Do you have college age children and what are their names and e-mail address(es)?

CONTACT INFORMATION

Home Address _____

Work Address _____

PHONE: Home _____ Cell _____ Work _____

Email(s) _____

YARTZEITS

Jewish Names _____ Date _____ Relationship _____

Jewish Names _____ Date _____ Relationship _____

Jewish Names _____ Date _____ Relationship _____

PREFERENCES

I/we are interested in the following:

- Attending weekly classes
- Hebrew School
- Chevra Kadisha
- Shabbat Morning Minyan
- Women's Chessed Group
- Men's Club
- Shabbas Club
- Youth Group

Please see back side for membership benefits and payment information. You may also register online at chabadcolumbus.com.

