

The Shul

A Chabad Lubavitch Centre
of Jewish Life
An affiliate of the UOS
Date: _____



Address: 15 Curlewis Road
Blouberg, Cape Town, 7441
Tel: 557-7560 Fax 557-9522
Web: www.TheShul.co.za

Family Name _____ Telephone () _____
Home Address _____ City _____ Code _____
Postal Address _____ Code _____

MEMBERSHIP APPLICATION FORM

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

Date of Wedding Anniversary: _____
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 **R 3,630** (R302.50 per month)
- Couple Membership **R 2,772** (R231.00 per month)
- Single Membership **R 1 782** (R148.50 per month)
- A year of Birthright Membership **Complimentary**

Cheques should be made payable to: **The Shul of Blouberg West Coast**

Eft payments: **The Shul of Blouberg West Coast, First National Bank,**

a/c no. 6225 404 8616, Tableview, Branch code 203809. Note: Please provide either your Ketuba, or parents (of both spouses)

Ketuba or conversion certificate.