

# 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 \_\_\_\_\_

## 2020 CONGREGANT 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
_____	_____	___/___/___
_____	_____	___/___/___
_____	_____	___/___/___
_____	_____	___/___/___

### CONGREGANT OPTIONS

- Family **R 4 044.00** (R337.00 per month)
- Couple **R 3 090.00** (R257.50 per month)
- Single **R 1 995.00** (R166.25 per month)
- A year of Birthright Subscription **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.**