

# Congregation KAHAL CHASIDIM

## INFORMATION & MEMBERSHIP APPLICATION FORM

Please return to: 1511 So. Oakhurst Ave, Los Angeles, CA 90035

Today's Date \_\_\_\_\_ 2017

Married  Single  Male  Female

NEW MEMBER  2017-18

CONTINUING MEMBERSHIP  2017-18

Are you a Cohen, Levi, Israelite? (circle one)

Daven:  Sephardic  Ashkenazi

Single Membership \$500.00 (1 High Holiday seat)  Family Membership \$1,000.00 / couple (2 HH seats)

**Members English Name** \_\_\_\_\_

Hebrew Name in **English** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street City State / Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/19\_\_\_\_

Father's Name, \_\_\_\_\_

Mother's Name, \_\_\_\_\_

**Spouse's English Name** \_\_\_\_\_

Hebrew Name in **English** \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/19\_\_\_\_

Cell Phone \_\_\_\_\_ Emergency contact Phone \_\_\_\_\_

Wedding Anniversary \_\_\_\_/\_\_\_\_/\_\_\_\_ (& year) Emergency contact Person \_\_\_\_\_

Father's Name, \_\_\_\_\_

Mother's Name, \_\_\_\_\_

*Yahrzeits and Hashkava, with **\*\*English Dates\*\* including year\*\****

Name of Deceased (English):		Relationship:	
Hebrew Name (Deceased):	English	[Father's Name]	ben/bat
Date of Passing: circle	English	Hebrew	
(B) Before / (A) After sundown	date: ____/____/____	date: ____/____/____	57
Name of Deceased (English):		Relationship:	
Hebrew Name (Deceased):	English	[Father's Name]	ben/bat
Date of Passing: circle	English	Hebrew	
(B) Before / (A) After sundown	date: ____/____/____	date: ____/____/____	57
Name of Deceased (English):		Relationship:	
Hebrew Name (Deceased):	English	[Father's Name]	ben/bat
Date of Passing: circle	English	Hebrew	
(B) Before / (A) After sundown	date: ____/____/____	date: ____/____/____	57
Name of Deceased (English):		Relationship:	
Hebrew Name (Deceased):	English	[Father's Name]	ben/bat
Date of Passing: circle	English	Hebrew	
(B) Before / (A) After sundown	date: ____/____/____	date: ____/____/____	57

**The office needs all current information Please Complete Both Sides**

PLEASE PRINT LEGIBLY

# Congregation Kahal Chasidim

Please list **CHILDREN** under the age of **18**

Name _____	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	DOB _____
School Attending _____		Grade _____
Name _____	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	DOB _____
School Attending _____		Grade _____
Name _____	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	DOB _____
School Attending _____		Grade _____
Name _____	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	DOB _____
School Attending _____		Grade _____
Name _____	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	DOB _____
School Attending _____		Grade _____
Name _____	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	DOB _____
School Attending _____		Grade _____



## FAMILY ALIYA FORM

ENGLISH Name _____	Relationship	<input type="checkbox"/> Cohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael
HEBREW Name _____	ben	(Father's Name)
ENGLISH Name _____	Relationship	<input type="checkbox"/> Cohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael
HEBREW Name _____	ben	(Father's Name)
ENGLISH Name _____	Relationship	<input type="checkbox"/> Cohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael
HEBREW Name _____	ben	(Father's Name)
ENGLISH Name _____	Relationship	<input type="checkbox"/> Cohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael
HEBREW Name _____	ben	(Father's Name)

**Note: Please contact Rabbi Sochet at 845- 659-4041 for payment plans and alternative forms of membership.**

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