קהל
חסידים
שארית יעקב
KAHAL CHASIDIM
SHE'ARIS YAAKOV

MEMBERSHIP DATA • 5786 (2025-2026)

Membership Type: (circle one) Family, Single, Associate

Title: _____ First Name: _____ Last Name: _____
Spouse's Name: _____

Contact Information:
Email: _____ Telephone Number: _____

Spouse's Information:
Email: _____ Telephone Number: _____

List Names of Children:

_____ _____
_____ _____
_____ _____

Seating Request: Number of Mens' Seats _____ Womens' Seats _____

Amount Due: _____

Please indicate your method of payment (Credit card, check, or via Paypal on our website_ www.kahalchasidim.com)