ubavitch LUBAVITCH OF EDGWARE SHUL MEMBERSHIP FORM

Title Name Address		Surname	Surname	
Home Tele Husband's	ephone Email		Wife's Email	
Husband's Hebrew Na Father's He	Mobile ame ebrew Name		Wife's MobileD.o.B	
Mother's H Wife's Heb	lebrew Name orew Name		D.o.B.	
Wife's Mot Date of Ma	ther's Hebrew arriage	Name Under which R	abbinical Authority?	Please supply a copy of your Kesubo)
Children		nstruction of the Dayon	<u>D.0.D</u>	-iease supply a copy of your Kesubo)
If you need Cohen [Yohrzeits		please use another sheet		e make my address available to other bers, when they have a Simcha.
Associa Please f I wish t Please c Issue da	ul membershi ite (for those whos ind enclosed o pay by stan- charge my deb te	p with burial rights (655, e main membership is at another shu cheques / cash for the co ding order (see below). pit/credit card no Expiry date	(360.00) Friend of oming year.	ership without burial rights (£500.00) Lubavitch Shul membership (£180.00)
			Date	
(For office use) db	fl	sta	ga
	G ORDE	R MANDATE		on the day of 20
e and full ess of your c or building ety	To:		^(*) Please delete as appropriate.	and thereafter the same amount on the same day each month/quarter/ year*, until* / until further notice*. Quoting the reference:
F	Please debit m	y/our account	(to be filled in by Lubavitch of Edgware)	
ne as on your ount	Name		Your signature Date of signing	
r bank's 'sort e' (the six res at the top our cheque) your account	Bank sort co Account numb		Your full name and address, in block	
ited	(20-29-37) t	clays Bank Plc, Edgward to credit the account of of Edgware (a/c No ne sum of	of	
ount in words		£		L Please return to: Lubavitch of Edgware 230 Hale Lane, Edgware Middlesex HA8 9PZ

Lubavitch of Edgware 230 Hale Lane Edgware Middlesex HA8 9PZ. Tel: 020 8905 4141 Fax: 020 8958 1169 E-mail: shul@LoE.org.uk A Division of Chabad Lubavitch UK. A registered charity, number 227638