



BMC Registration Form

Member's Information

Name: _____ Hebrew Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cellular: _____

Age: _____ Grade: _____

School: _____

Member's E-mail address that is checked daily: _____

Birthday: _____ Time: _____ AM or PM: _____

Hebrew Birthday (if known) : _____

Family Information:

Father's Name: _____ Cell# _____

Mother's Name: _____ Cell# _____

Mom's Email address: _____

Is the natural mother of the child Jewish? Yes No

Were there any conversions or adoptions in your family? Yes No

If yes, please describe: _____

Membership:

There is a \$360.00 membership fee, which includes our unique Bat Mitzvah Kit, all club meetings, grand Shabbaton, End Year Celebration, supplies and refreshments. You can make a check made out to CHABAD or pay by cc below.

Credit-Card Information:

Visa MasterCard American Express

Card Number: _____

Name on Card: _____

Expiration Date: ____/____/____ CVC: _____