



THE WILLIE & CELIA TRUMP SYNAGOGUE

THE WILLIE AND CELIA TRUMP SYNAGOGUE
MEMBERSHIP APPLICATION
2013-2014 / 5773-5774

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MEMBERSHIP APPLICATION
 2013-2014 / 5773-5774

NAME _____

ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

PHONE _____ FAX _____

EMAIL _____ CELL: _____

Please indicate membership category:

Annual

| | |
|---|--------|
| _____ Family | \$1800 |
| (includes membership for children age 25 and under <u>living at home</u> or in college And reserved seating for <u>all</u> children for the High Holidays) | |
| _____ Junior Family | \$ 900 |
| (age 35 and under, includes children) | |
| _____ Single | \$ 900 |
| _____ Junior Single | \$450 |

Seasonal

| | |
|--------------|--------|
| _____ Family | \$1200 |
| _____ Single | \$ 600 |

PLEASE NOTE: ADULT CHILDREN ARE REQUIRED TO PURCHASE THEIR OWN MEMBERSHIPS.

For questions about membership please contact:

| | | |
|---------------|--------------|--|
| SHUL OFFICE | 305-931-4777 | SHUL FAX: 305-931-4778 |
| Stanley Cohen | 305-466-5524 | SHUL e-mail : wcts@atlanticbb.net |
| Alan Matus | 305-937-7899 | |

RETURN FORM WITH DUES PAYMENT TO:

WCTSYNAGOGUE ♦ 3000 ISLAND BLVD, SUITE S-329 ♦ AVENTURA, FL 33160

Form may be faxed or information provided via e-mail, but please be advised that membership will not be activated until payment has been received.

THE WILLIE AND CELIA TRUMP SYNAGOGUE
MEMBER UPDATE
2013-2014 / 5773-5774

In order to keep you informed of synagogue activities and business, provide yahrtzeit reminders, include you in newsletter special occasion listings, and have accurate information for *aliyot* and *mishabeirachim*, we need current information. Our new system necessitates that we recreate our data base, so **PLEASE COMPLETE THIS FORM— EVEN IF YOU THINK YOU HAVE PREVIOUSLY SUBMITTED THE INFORMATION REQUESTED.**

LAST NAME _____ FIRST NAME _____

HEBREW NAME _____ COHEN ___ LEVI ___ YISRAEL _____

BEN(Father's Hebrew Name) _____ (Mother's Hebrew Name) _____

BIRTHDAY _____ ANNIVERSARY _____

SPOUSE NAME _____ BIRTHDAY _____

HEBREW NAME _____ BEN/BAS(Father's Hebrew Name) _____

(Mother's Hebrew Name) _____

E-MAIL ADDRESS/ES _____

MAILING ADDRESS Year-Round _____ These months: _____

Street _____ Apt # _____

City _____ State _____ Zip _____ Country _____

Phone _____ Cell _____ FAX _____

ALTERNATE MAILING ADDRESS For use between these dates: _____

Street _____ Apt # _____

City _____ State _____ Zip _____ Country _____

Phone _____ Cell _____ FAX _____

CHILDREN (PLEASE PRINT):

NAME

DATE OF BIRTH

HEBREW NAME

YAHRTZEIT (PLEASE PRINT, IN ENGLISH ALPHABET ONLY):

NAME

RELATIONSHIP

DATE

(English and/or Hebrew)

(eg: Father, Sister...)

(Hebrew, or English with year)

Additional information to be noted:

PLEASE NOTE: From time to time, synagogue members ask for contact information, and there are plans to publish a member directory. With the understanding that the information is for personal use and shul business only, please indicate your preference:

_____ **I want my contact information to be included.**

_____ **I do not want my contact information provided to other members.**

_____ **Only the following contact information may be provided to other members:**

_____ **address** _____ **phone** _____ **fax** _____ **e-mail** _____ **cell**