



# 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 \$400.00 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: \_\_\_\_\_