



Congregation Agudas Achim Chabad

B"H

MEMBERSHIP

APPLICATION FORM

YEAR 5786 / 2025-26

RETURN THIS FORM TO ADDRESS BELOW

2233 West Mequon Road, Mequon, WI 53092 • Phone: 262.242.2235

www.chabadmequon.org • E-mail: info@chabadmequon.org

PERSONAL INFORMATION

Family Name _____ Home Phone _____

Home Address _____ City, State, Zip _____

YOUR DETAILS

First Name _____ Hebrew Name _____ ☐ Cohen ☐ Levi ☐ Yisroel ☐ Convert

Father's Hebrew Name _____ Mother's Hebrew Name _____ D.O.B. (M/D/Y) _____
Specify: Day / Evening

Work Phone _____ Cell _____ Email _____ Occupation _____

SPOUSE DETAILS

First Name _____ Hebrew Name _____ ☐ Cohen ☐ Levi ☐ Yisroel ☐ Convert

Father's Hebrew Name _____ Mother's Hebrew Name _____ D.O.B. (M/D/Y) _____
Specify: Day / Evening

Work Phone _____ Cell _____ Email _____ Occupation _____

MARITAL STATUS

☐ Married: Date _____ ☐ Never been married ☐ Widowed, Date: _____

☐ Divorced: Date _____ "Get" administered by: _____

CHILDREN

Name	Hebrew Name	D.O.B. (M/D/Y) Specify Day / Evening	M/F	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Yahrzeits (for parents or children)

To order a Yahrzeit plaque (\$360) please call 262-242-2235

Name: English / Hebrew / Last	Father's Hebrew Name	Relationship	Date & Time of Death
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OVER →

DUES SCHEDULE*

All Membership fees can be made in one payment or in monthly installments

☐ New member special \$360 (first year only)

☐ Associate membership \$200

**If you don't attend CAAC, but would like to support our programs*

Income:

☐ 30,000 or less \$500

☐ 30,000 to 40,000 \$750

☐ 40,000 to 60,000 \$1,000

☐ 60,000 to 80,000 \$1,300

Income:

☐ 80,000 to 100,000 \$1,750

☐ 100,000 to 150,000 \$2,500

☐ 150,000 to 200,000 \$3,000

☐ More than 200,000 \$4,000

Special Support Levels: ☐ **Benefactor \$5,000** ☐ **Pillar \$10,000**

High Holiday seats and Hebrew School tuition are included in membership fees.

*Nobody will be turned away due to lack of funds.

KITCHEN FEE/SECURITY FEE

To cover the cost of maintaining our kitchen, there is a \$100 kitchen restocking fee per family.

To cover the cost of the Shabbos and holiday security officer, there is a \$100 security fee.

KIDDUSH SPONSORSHIP

Sponsoring the weekly Kiddush on Shabbos mornings is a wonderful way to celebrate a birthday, anniversary or Yahrzeit. The cost of sponsoring a Kiddush is \$400.

If you would like a more elaborate Kiddush contact the Kiddush committee.

Please check the dates with Dinie Rapoport at (414) 403-9775.

I would like to reserve the following date/s to sponsor a Kiddush.

1) _____

2) _____

PAYMENT AUTHORIZATION

☐ I have enclosed a check/s of \$ _____ for my dues and for the \$200 kitchen and security fee.

☐ I will pay a total of \$ _____ in _____ installments for dues and kitchen fee.

☐ Please charge my credit card as per the choices selected above. Total \$ _____

☐ **Visa** ☐ **M/C** ☐ **AMEX** ☐ **DISC** Card # _____ Exp. Date ____ / ____

Signature: _____ Date: _____

Signature: Husband _____ Wife _____

Should you require assistance completing this form, please call us at 262-242-2235