

THE SHUL AT THE LUBAVITCH CENTER  
6701 OLD PIMLICO ROAD \* BALTIMORE, MD 21209

MEMBER INFORMATION 5781

**If not changed from previous years you need not fill out this form**

Name:

\*Email in full **required**:

Husband's Hebrew Name:

Wife's Hebrew Name:

Husband's Parents' Hebrew Names:

Wife's Parents' Hebrew Names: \_

Children's Hebrew Names

Grandchildren's Names & Other Names

Yarzeit Dates (for Aliot or Maftir):

Bar Mitzvah Parsha / Maftir:

If you are willing to lead davening, please circle all that apply:

Any....Weekday....Kabalas Shabbos....Shabbos Shachris....Shabbos Mincha....Shabbos Musaf

Are you able to read the Haftorah? Yes No

If yes, do you need to know in advance to allow time to prepare? Yes No