

CHABAD LUBAVITCH of SOUTHWEST FLORIDA
CONGREGATION BAIS SHMUEL
5620 Winkler Road Fort Myers, Florida 33919
(239) 433 - 7708 * (239) 481 - 9109 (fax) * e-mail: Info@chabadswf.org *
<http://www.chabadswf.org>

Dear Friend,

Another synagogue season is about to begin and we find ourselves both reflecting on some of last year's accomplishments and looking forward to reaching new goals. Last year was the thirteenth time we had formal synagogue membership in Congregation Bais Shmuel which is housed at Chabad House. We're delighted to report that over 95 families paid membership dues - a number beyond what we had expected. This year we hope to increase our membership - a challenge - but with your help an attainable goal. For those of you who aren't familiar with Chabad Lubavitch of Southwest Florida, **we'd like to tell you a little bit about ourselves.**

Our synagogue is "...one of the country's most unorthodox Orthodox synagogues - a center for both Jews who are returning to their Jewish roots and those who never left.." Everyone is welcome - regardless of their personal level of observance - and you will find that traditional Jewish values are brought to life in a vibrant, non-judgmental atmosphere. Our Rabbi, Yitzchok Minkowicz, believes that Torah must be experienced within the context of a modern, technologically advanced world. His approach includes animated and inclusive discussions and emanates from an outlook encompassing love and warmth for every Jew.

We have **regularly scheduled Friday evening and Saturday mornings** . Friday evenings begin at sundown and Saturday mornings are at 10:00 a.m. Attendance at services continues to increase steadily.

Our Shabbas House has housed dozens of families and individuals who want to have a unique Shabbas experience. The Shabbas House is available for everyone's use with a nominal fee for Members. To reserve kindly call 239-433-7708

The Childrens Programs are amazing both the **children's service on Friday evenings and Saturday mornings** in the Children's Room. The Saturday Midrash class provides an ideal setting for children to learn Torah stories. The class is so informative that it's not unusual to see several adults sitting among the children.

Kabbalah Classes takes place every Saturday at 9:00 AM. This is a great way to begin the day & week. Several of the participants are new to the Kabbalah experience, but have found only support and encouragement from the rabbi and the more experienced participants. The friendship that continues to develop within this group is wonderful and the rabbi says that "...starting my day with the congregants has greatly enhanced my life." Men & Women are encouraged to come even if they can't attend every week.

Enclosed with this letter you will find our Membership Application for the year 5777. Attached for your convenience is the calendar for the High Holy Days. In this way you will be able to know well ahead of time what the schedule of services is and be able to plan accordingly.

It is our greatest hope to continue growing - both physically and spiritually - but we can't do this without your help. Any input you have to offer about classes is highly valued as are all general concerns and questions. Please don't hesitate to address these issues to the rabbi. **We hope you'll join our Chabad family** and look forward to receiving your returned Membership Application.

Sincerely,

MEMBERSHIP COMMITTEE

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Congregation Bais Shmuel

(In memory of Sam Balkany)

Synagogue Membership Application – 5777

Membership Renewal _____ New Member _____

Date _____

A) NAMES/PERSONAL INFORMATION

ADULT #1

Family Name _____ Birthday _____ Day / Evening (CIRCLE ONE)

First Name _____ Business Phone _____

Hebrew Name _____ Title at Work _____

Prior Jewish Education _____

Special Talents _____

Activities You Are Interested In _____ Educational Classes _____ Hebrew Language _____ Children’s Activities

_____ Women’s Group _____ Other _____

ADULT #2

Family Name _____ Birthday _____ Day / Evening (CIRCLE ONE)

First Name _____ Business Phone _____

Hebrew Name _____ Title at Work _____

Prior Jewish Education _____

Special Talents _____

Activities You Are Interested In _____ Educational Classes _____ Hebrew Language _____ Children’s Activities

_____ Women’s Group _____ Other _____

CHILDREN

Name (English) Name (Hebrew) M / F Birthday Day / Evening Grade

B) HOW TO REACH YOU

Home Address _____

City _____ State _____ Zip _____

1. Home Phone _____ 2. Fax _____ Home / Business (CIRCLE ONE)

3. E-mail Address _____ Preferred Method (1, 2 or 3) _____

Secondary Address (if you are not a full time local resident)

Home Address _____

City _____ State _____ Zip _____

1. Home Phone _____ 2. Fax _____ Home / Business (CIRCLE ONE)

3. E-mail Address _____ Preferred Method (1, 2 or 3) _____

Which months are you in residence at this address? _____

C) ALIYA INFORMATION

Father's Hebrew Name Mother's Hebrew Name

ADULT #1 (above) _____

ADULT #2 (above) _____

Kohain _____ Levite _____ Israelite _____

D) IMPORTANT DATES

1) Anniversary _____

2) Yahrzeits

English Name Hebrew Name Relationship Date of Death

MEMORIAL PLAQUES ARE AVAILABLE FOR A \$360.00 DONATION.

PLEASE CONTINUE ON THE FOLLOWING PAGE

E) INFORMATION ABOUT MEMBERSHIP DUES

- 1) Our annual membership cycle begins August 1st and ends July 31st.
- 2) All memberships include the Newsletter and other mailings.
- 3) All contributions are tax deductible.
- 4) We offer several options (check your choice):
 - a. _____ Chai Silver Membership \$3600 per year
 - b. _____ Chai Membership \$1800 per year
 - c. _____ Benefactor's Membership \$1000 per year
 - d. _____ Sponsor's Membership \$750 per year
 - e. _____ Family Membership \$500 per year
 - f. _____ Single Membership \$360 per year
- 5) We will not refuse membership to anybody due to lack of funds.
- 6) We offer several payment options (check your choice):
 - a. _____ Pay dues in full - one payment
 - b. _____ Pay dues in 4 installments (this option is available with credit card payment only)
- 7) You can use a credit card to pay your Membership Dues.
Please charge my credit card:]MC]VISA]DISCOVER]AMEX

CARD # _____ EXP ____ / ____
SIGNATURE _____
NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE _____

- 8) Checks should be made payable to Chabad Lubavitch of SW Florida

F) RETURN THIS APPLICATION

Please take the time to complete this application thoroughly. After doing so, send the completed application with your payment to:

CHABAD LUBAVITCH of SOUTHWEST FLORIDA
5620 Winkler Road
Fort Myers, Florida 33919

OR

Fax the completed application to (239) 481 - 9109 and mail your payment to the above address.

THANK YOU
WE HOPE TO HEAR FROM YOU SOON.

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High Holiday Confirmed Seat Reservation

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

The Donation for seats are:

Members: \$100.00

Non-Members: \$180.00

Sponsor's Membership Includes 2 Free Seats

Benefactor's Membership Includes 4 Free Seats

Chai Membership Includes 6 Free Seats

Chai Silver Membership Includes 8 Free Seats

All contributions are tax deductible.

We will not refuse anybody due to lack of funds.

You can use a credit card to pay for your Seats.

Please charge my credit card:]MC]VISA]DISCOVER]AMEX

CARD # _____ EXP ____/____

SIGNATURE _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

Or Checks should be made payable to Chabad Lubavitch of SW Florida