



Chabad-Lubavitch Institution Registration Form

The information entered here will be used by Merkos L'Inyonei Chinuch and its divisions.

Please write in pen and in print letters. All fields are required. Incomplete and unsigned forms will NOT be processed.

Mail or fax completed form to:

Merkos L'inyonei Chinuch
770 Eastern Parkway
Brooklyn, NY 11213

Phone: 718-774-4000
Fax: 718-504-4790
Email: hq@lubavitch.com

Questions? Login to:
www.mychabad.org

You will be notified when your form is processed. At that time, you can login to www.MyChabad.org to update your personal or Institution profile online.

Institution Information	
Institution Name:	
Address:	
City, State:	
Country, Zip:	
Phone:	
Fax:	
Website:	
Year Established:	

Director and Regional Director Information	
Director's Full Name:	
Regional Director Name:	
Signature of Regional Director:	

Please note that this form is only to register a new Chabad Institution, and not to register as a Shliach. To register as a Shliach please use the Shliach Registration form available at the number above.