

# Oheb Shalom Membership Application

Family Name			Date
Street Address			Account No. (office use only)
City	State	Zip	E-mail 1
Home Telephone			E-mail 2

\* If you do not want the above information listed in the Synagogue Directory, please check here.

	Adult Member 1	Adult Member 2
Name		
Hebrew Name		
Parent's Hebrew Names-Mother/Father		
Gender		
Birth Date		
Single/Married/Partner/Divorced/Widowed		
Occupation		
Business Name		
Business Address		
Business City, State, Zip		
Business Telephone		
Business E-mail		

Child's Full Name	Hebrew Name	M/F	Birth Date	Present Grade	How many years of Religious School?

*If you need space for additional adults and/or children, please feel free to attach additional pages.*

Are all family members Jewish? Yes  No

If no, please list relationship (Mother, Father) of non-Jewish Family Members:

Are any family members converted to Judaism? Yes  No

Yahrzeits (optional) Under which date do you prefer notification? (Choose one) English  Hebrew

Name	Relationship	Date of Death (Yahrzeit Date)

Previous Synagogue Affiliations (include years): \_\_\_\_\_

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Please indicate areas of interest:

- |                             |   |                             |  |                             |  |
|-----------------------------|---|-----------------------------|--|-----------------------------|--|
| <input type="checkbox"/> #1 | <input type="checkbox"/> #2                                   | <input type="checkbox"/> #1 | <input type="checkbox"/> #2                          | <input type="checkbox"/> #1 | <input type="checkbox"/> #2                        |
| <input type="checkbox"/>    | <input type="checkbox"/> Adult Education                      | <input type="checkbox"/>    | <input type="checkbox"/> Habitat for Humanity        | <input type="checkbox"/>    | <input type="checkbox"/> Publicity/Media Relations |
| <input type="checkbox"/>    | <input type="checkbox"/> Academy for Jewish Studies Board/PTO | <input type="checkbox"/>    | <input type="checkbox"/> Israel Affairs              | <input type="checkbox"/>    | <input type="checkbox"/> Recording for the Blind   |
| <input type="checkbox"/>    | <input type="checkbox"/> Board of Trustees                    | <input type="checkbox"/>    | <input type="checkbox"/> Jewish Family Education     | <input type="checkbox"/>    | <input type="checkbox"/> Ritual Committee          |
| <input type="checkbox"/>    | <input type="checkbox"/> Budget and Finance                   | <input type="checkbox"/>    | <input type="checkbox"/> Kosher Food Pantry          | <input type="checkbox"/>    | <input type="checkbox"/> Scholarship Committee     |
| <input type="checkbox"/>    | <input type="checkbox"/> Caring Committee                     | <input type="checkbox"/>    | <input type="checkbox"/> Leadership Development      | <input type="checkbox"/>    | <input type="checkbox"/> Security                  |
| <input type="checkbox"/>    | <input type="checkbox"/> Chavurah                             | <input type="checkbox"/>    | <input type="checkbox"/> Library                     | <input type="checkbox"/>    | <input type="checkbox"/> Simcha Seniors            |
| <input type="checkbox"/>    | <input type="checkbox"/> College Outreach                     | <input type="checkbox"/>    | <input type="checkbox"/> Marketing                   | <input type="checkbox"/>    | <input type="checkbox"/> Social Action             |
| <input type="checkbox"/>    | <input type="checkbox"/> Computer Assistance                  | <input type="checkbox"/>    | <input type="checkbox"/> Membership                  | <input type="checkbox"/>    | <input type="checkbox"/> Soup Kitchen              |
| <input type="checkbox"/>    | <input type="checkbox"/> Endowment/Bequests                   | <input type="checkbox"/>    | <input type="checkbox"/> Men's Club                  | <input type="checkbox"/>    | <input type="checkbox"/> Ushering                  |
| <input type="checkbox"/>    | <input type="checkbox"/> Facility Operations                  | <input type="checkbox"/>    | <input type="checkbox"/> Mickey Fried Nursery School | <input type="checkbox"/>    | <input type="checkbox"/> Volunteer Coordinator     |
| <input type="checkbox"/>    | <input type="checkbox"/> Family Education/Programming         | <input type="checkbox"/>    | <input type="checkbox"/> Miriam Sisterhood/Z'hava    | <input type="checkbox"/>    | <input type="checkbox"/> Youth Activities          |
| <input type="checkbox"/>    | <input type="checkbox"/> Fundraising                          | <input type="checkbox"/>    | <input type="checkbox"/> Music Committee             | <input type="checkbox"/>    | <input type="checkbox"/> Youth Services-Shabbat    |
| <input type="checkbox"/>    | <input type="checkbox"/> Graphics                             | <input type="checkbox"/>    | <input type="checkbox"/> Oheb Shalom Chorale         | <input type="checkbox"/>    | <input type="checkbox"/> Yachad (Young Members)    |
|                             |   | <input type="checkbox"/>    | <input type="checkbox"/> Oheb Shalom Youth Choir     |                             |  |

Additional comments, interests or ways to volunteer: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Would you like to learn to read Hebrew?

**DUES ARE BILLED YEARLY AND PAYABLE IN ADVANCE**

I/We apply for membership in Oheb Shalom Congregation and agree to be bound by its by-laws and regulations. I/We agree to pay annual membership dues, school tuition (if applicable), assessments and any other sums which I/we may owe to the Synagogue, when due. Membership continues in Oheb Shalom Congregation from year to year until I/we submit my/our written resignations or membership is otherwise terminated.

**Signature:** Adult Member 1: \_\_\_\_\_ Date: \_\_\_\_\_  
 Adult Member 2: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Annual Fees \$ \_\_\_\_\_

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_