

MEMBERSHIP FEES

- Annual fees for Membership at Congregation Ohav Sholom consist of membership dues and the journal fee of \$200.00. They are calculated on a fiscal year basis beginning on July 1st and ending on June 30th.
- Hebrew School tuition is not included in membership or other fees.
- Applications for membership shall be accompanied by a \$100.00 deposit which shall be applied to the membership dues for the current year.
- Membership will automatically be renewed each year, unless the Board of Trustees is notified **in writing** to the contrary.

FINANCIAL POLICIES

- All assessments begin with the first year of membership.
- Tickets for High Holy Day Services will be sent to only those members whose financial obligations are current.
- If any member does not satisfy their financial obligation in a timely manner in accordance with the Constitution and By-laws of Congregation Ohav Sholom, all costs of recovery, including legal fees and other costs of collection, shall be the obligation of the member.

I/We hereby apply for membership with Congregation Ohav Sholom and understand my/our financial obligations as explained above.

Applicant's Signature: _____

Date: _____

Co- Applicant's Signature: _____

Date: _____

For Office Use Only

Date Received: _____

Rabbi

Date of Vote: _____

President

Date of Welcome Letter: _____

Membership Chair

Date Filed: _____

Financial Secretary

TYPE OF MEMBERSHIP REQUESTED

FAMILY

YOUNG MARRIED

SENIOR COUPLE

SENIOR SINGLE

SINGLE

SUSTAINING

Please Print Clearly

Today's Date: _____

Family Name: _____

Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Marital Status: _____ Date Married: _____

PERSONAL DATA

Applicant

Full First Name: _____

Preferred Name for letters, etc. _____

Circle Preferred Title Mr. Dr. Mrs. Miss Ms. or other _____

Hebrew Name: _____

Kohen Levi Israelite

Father's Hebrew Name: _____

Mother's Hebrew Name: _____

Date of Birth: _____

Born Jewish Converted _____ Date

Place: _____

Officiating Rabbi: _____

Occupation: _____

Employer Name: _____

Business Phone: _____

Employer Address: _____

City, State, Zip: _____

Co-Applicant

Full First Name: _____

Preferred Name for letters, etc. _____

Circle Preferred Title Mr. Dr. Mrs. Miss Ms. or other _____

Hebrew Name: _____

Father's Hebrew Name: _____

Mother's Hebrew Name: _____

Date of Birth: _____

Born Jewish Converted _____ Date

Place: _____

Officiating Rabbi: _____

Occupation: _____

Employer Name: _____

Business Phone: _____

Employer Address: _____

City, State, Zip: _____

INFORMATION CONCERNING CHILDREN

Child

First Name: _____
Last Name: _____
Hebrew Name: _____
Date of Birth: _____ Sex: _____
 Born Jewish Converted _____ Date
Place of Conversion: _____
Officiating Rabbi: _____
Grade in School: _____
Bar/Bat Mitzvah Date: _____

Child

First Name: _____
Last Name: _____
Hebrew Name: _____
Date of Birth: _____ Sex: _____
 Born Jewish Converted _____ Date
Place of Conversion: _____
Officiating Rabbi: _____
Grade in School: _____
Bar/Bat Mitzvah Date: _____

Child

First Name: _____
Last Name: _____
Hebrew Name: _____
Date of Birth: _____ Sex: _____
 Born Jewish Converted _____ Date
Place of Conversion: _____
Officiating Rabbi: _____
Grade in School: _____
Bar/Bat Mitzvah Date: _____

Child

First Name: _____
Last Name: _____
Hebrew Name: _____
Date of Birth: _____ Sex: _____
 Born Jewish Converted _____ Date
Place of Conversion: _____
Officiating Rabbi: _____
Grade in School: _____
Bar/Bat Mitzvah Date: _____

Email Contacts

Applicant's Email Address: _____
Subscribe to synagogue email? Yes No

Co-Applicant's Email Address: _____
Subscribe to synagogue email? Yes No

Any additional Email Addresses for our synagogue email notices? _____

Yahrzeit Record

Name	Date of Passing	Relationship
English _____ *Hebrew _____	English _____ Hebrew _____	_____
English _____ *Hebrew _____	English _____ Hebrew _____	_____
English _____ *Hebrew _____	English _____ Hebrew _____	_____
English _____ *Hebrew _____	English _____ Hebrew _____	_____

*Include Father's Name of Deceased

Miscellaneous Information

Alternate (Snowbird) Address

Street: _____
City: _____
State: _____ Zip: _____
Phone: _____
Dates at this address: _____

Men's Club Sign-up

Yes No

Sisterhood Sign-up (First year free)

Yes No

Do you have any special interests? _____

How did you hear about Congregation Ohav Sholom? _____
