



Congregation Ohev Shalom

Where Jews Of All Backgrounds Feel At Home

APPLICATION FOR MEMBERSHIP

Applicant's Name: _____

(First) (Middle) (Last) (Hebrew)

Father's Hebrew Name: _____ Mother's Hebrew Name: _____

Birthdate: _____ Male Applicant: Cohen Levi Israelite (please circle one)
Day/Month

Spouse's Name: _____

(If Applicable) (First) (Middle) (Last) (Hebrew)

Father's Hebrew Name: _____ Mother's Hebrew Name: _____

Spouse's Birthdate: _____ Wedding Date: _____
Day/Month

Home Address: _____

(street) (city) (state) (zip code)

Home Phone: _____ Work Phones: _____ Cell: _____

Are you Jewish by birth? _____ Is your spouse Jewish by birth? _____

CHILDREN

English Name

Hebrew Name

Date of Birth

YAHRTZEIT

English Name

Hebrew Name

Relationship

Date of Yahrzeit

MEMBERSHIP STRUCTURE (Please circle one)

Eitz Chayim: \$5000 Master Builder: \$1000 Family: \$750 Single: \$450 Supporter: \$200 (does not vote)

*A one-time Building Fund obligation of \$500 is assessed family memberships (\$300 single membership)
(payments can be arranged)*

Check Visa M/C Acc't #: _____ Exp: _____ Name on Card: _____

No one will be denied membership due to financial hardship.

We (I) hereby wish to become members of Congregation Ohev Shalom

Signed: (1) _____ (2) _____ Date: _____