



# Congregation Or Shalom

Date: \_\_\_\_\_

## MEMBERSHIP APPLICATION

### FAMILY INFORMATION

Family Name(s): \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Member #1

#### Member #2

First Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

For males: Kohen? \_\_\_\_\_ Levi? \_\_\_\_\_

Was your mother of Jewish faith? \_\_\_\_\_ Was your mother of Jewish faith? \_\_\_\_\_

If not, did you convert to Jewish faith? \_\_\_\_\_ If not, did you convert to Jewish faith?\* \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Are you a Torah/Haftorah reader? \_\_\_\_\_ Are you a Torah/Haftorah reader? \_\_\_\_\_

Are you a veteran? \_\_\_\_\_ Are you a veteran? \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

CHILDREN: (First names and Date of Birth) \*If not, were children converted? Please note.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DESIRED MEMBERSHIP:** Family (2 Adults) \_\_\_\_\_ Family (1 Adult) \_\_\_\_\_ Young Family (35 and under) \_\_\_\_\_  
Single \_\_\_\_\_ Senior Family (at least one adult 65 +) \_\_\_\_\_ Single Senior \_\_\_\_\_  
Newlywed (1<sup>st</sup> year) \_\_\_\_\_ Newlywed (2<sup>nd</sup> year) \_\_\_\_\_

PREVIOUS SYNAGOGUE MEMBERSHIP? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please provide documentation of building fund payments.



# Congregation Or Shalom

**E-MAIL:** Member #1 Home \_\_\_\_\_  
Work \_\_\_\_\_

**E-MAIL:** Member #2 Home \_\_\_\_\_  
Work \_\_\_\_\_

**INTERESTS:**

Please indicate below activities in which you (indicate Member #1 or Member #2) would be interested:

**PROGRAMS:**

\_\_\_\_\_ Adult Study  
\_\_\_\_\_ Men's Club  
\_\_\_\_\_ Sisterhood  
\_\_\_\_\_ Youth  
\_\_\_\_\_ Other

**COMMITTEES:**

\_\_\_\_\_ Adult Education  
\_\_\_\_\_ Building  
\_\_\_\_\_ Education  
\_\_\_\_\_ Fund Raising  
\_\_\_\_\_ Social  
\_\_\_\_\_ Ritual  
\_\_\_\_\_ Social Action  
\_\_\_\_\_ Membership

If you would like us to notify you when to light the Yahrzeit candle and recite the Kaddish for a beloved departed, please list the name, relationship, and date and time of death below. Please also list the Hebrew date if available.

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The undersigned agrees that they are obligated to pay financial obligations associated with membership in Congregation Or Shalom. It is further understood that should the undersigned resign their membership, they remain liable for any outstanding obligations to Congregation Or Shalom.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Note: All information contained within is confidential.

cc: Rabbi Bookkeeper  
Administration Administrative Assistant  
President Hebrew School  
Membership Chair