



Please provide all information that applies to you and your family.

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell (Husband) _____ (Wife) _____

Work Phone (Husband) _____ (Wife) _____

Applicant's Information

I preferred to be called _____

Title: Mr. Ms. Mrs. Miss
 Dr. The Honorable Prof.
 Other _____

Hebrew Name _____

Kohen Levi Yisroel

Age _____ Date of Birth _____

E-mail _____

Occupation _____

Business Phone _____

Business Name & Address:

Marital Status:

Married Date _____
 Single Divorced Widowed

Check if you:

Read Hebrew Read Torah
 Chant Haftarah Lead Services

Bar/Bat Mitzvah Date _____

Confirmation Date _____

Spouse/Partner's Information

I preferred to be called _____

Title: Mr. Ms. Mrs. Miss
 Dr. The Honorable Prof.
 Other _____

Hebrew Name _____

Kohen Levi Yisroel

Age _____ Date of Birth _____

E-mail _____

Occupation _____

Business Phone _____

Business Name & Address:

Marital Status:

Married Single
 Divorced Widowed

Check if you:

Read Hebrew Read Torah
 Chant Haftarah Lead Services

Bar/Bat Mitzvah Date _____

Confirmation Date _____



Applicant's Personal Interests

Positions held in previous congregations:

Synagogue activities you would be interested in:

Hobbies and other interests:

Spouse/Partner's Personal Interests

Positions held in previous congregations:

Synagogue activities you would be interested in:

Hobbies and other interests:

Children:

Name	_____	_____	_____
Hebrew Name	_____	_____	_____
Age	_____	_____	_____
Birth Date	_____	_____	_____
School Grade	_____	_____	_____
B'nai Mitzvah Date	_____	_____	_____
Confirmation Date	_____	_____	_____

List any other person living in your household and explain their relationship _____

Emergency Contacts:

Name _____ Relationship _____ Phone _____
 Name _____ Relationship _____ Phone _____

Relatives who are currently members of Ohev Sholom Congregation:

Name(s) _____ is my/are my _____
 Name(s) _____ is my/are my _____
 Name(s) _____ is my/are my _____
 Name(s) _____ is my/are my _____
 Name(s) _____ is my/are my _____



Membership Application

Yahrzeits: (Please note before/after sundown for English Date)

Name	Relationship to You	English Date (B/A Sundown)	Hebrew Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- We hereby apply for a **Household Membership** to Ohev Sholom Congregation and subscribe to annual dues of \$999.00 (Membership FREE for first year or any part thereof)
- I hereby apply for an **Individual Membership** to Ohev Sholom Congregation and subscribe to annual dues of \$499.00 (Membership FREE for first year or any part thereof)
- I (We) hereby apply for an **Associate Membership** to Ohev Sholom Congregation and pledge annual dues of:
 - \$250.00 for individual \$499.00 for household
- I (We) hereby apply for an **Under 30 Years Old Membership** to Ohev Sholom Congregation and pledge annual dues of:
 - \$250.00 for individual \$499.00 for household
- I would like additional information regarding cemetery plots at South Hills Cemetery.
- I would suggest additional potential members for Ohev Sholom Congregation.

I am currently a member in good standing at:

Synagogue/Temple _____

Address _____

Applicant _____

SIGNATURE

DATE

Spouse _____

SIGNATURE

DATE

Membership Committee _____

SIGNATURE

DATE

Board Approval _____

SIGNATURE

DATE