



Membership Application

Congregation Ohev Shalom | A Member of United Synagogue of Conservative Judaism

Date: _____

English Name: _____

Date of Birth _____

Hebrew Name: _____

Occupation _____

Circle One: **Kohen**

Levi

Israelite

English Name: _____

Date of Birth _____

Hebrew Name: _____

Occupation _____

Circle One: **Kohen**

Levi

Israelite

Marital Status: **Single**

Married

Divorced

Widowed

Wedding Date: _____

Married, but spouse is not Jewish _____

Address: _____

City

State

Zip

Phone: _____

Home

Work

Cell

Email: _____

Email 2: _____

Current/Former Synagogue Affiliations: _____

Children

English Name	Hebrew Name	Birthday	Grade	School

Please note address and phone of children if different from above.

Jews By Choice: If any family members have converted to Judaism, please provide the following information.

Name: _____

Date of Conversion _____

Rabbi: _____

Congregation
and Address:

Name:

Date of Conversion

Rabbi:

Congregation
and Address:

Yahrzeits

Name (English and Hebrew)	Relationship	English date	Hebrew Date

I/We, the undersigned, being of the Jewish faith, apply for membership at Congregation Ohev Sholom and agree to abide by its constitution and bylaws. In accordance with the congregation dues structure (attached), I/We agree to an annual dues obligation of \$_____ to be submitted in accordance with constitutional provisions and resolutions and a building fund obligation of \$_____ to be paid over a five-year period.

Signatures

We are pleased that you have decided to join Congregation OhevSholom and are looking forward to the opportunity to welcome you personally. *Your application will be submitted to the congregation Board of Directors for final approval.*