



# CONGREGATION OHAV SHALOM

## MEMBERSHIP APPLICATION

Welcome! We are very pleased that you have chosen to become a member of Congregation Ohav Shalom. Ohav Shalom is a warm, participatory congregation emphasizing Jewish spiritual growth and connection through worship, study and programming in a welcoming, fully inclusive environment.

ADULT APPLICANT 1		ADULT APPLICANT 2	
<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other:		<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other:	
First Name:		First Name:	
Middle Name:		Middle Name:	
Last Name:		Last Name:	
Gender:		Gender:	
Date of Birth:		Date of Birth:	
Email Address:		Email Address:	
Cell Phone Number:		Cell Phone Number:	
Relationship Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Engaged <input type="checkbox"/> Partnered <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other:		Relationship Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Engaged <input type="checkbox"/> Partnered <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other:	
HOME INFORMATION			
Primary Street Address:			
City:		State:	Zip Code:
Home Phone #1:	Home Phone #2:	Home Fax #:	
Secondary Street Address:			
City:		State:	Zip Code:
Home Phone #1:	Home Phone #2:	Home Fax #:	
If seasonal or temporary address, from when to when:			
BUSINESS INFORMATION			
ADULT APPLICANT 1		ADULT APPLICANT 2	
Position/Title:		Position/Title:	
Employer:		Employer:	
Address:		Address:	
City/State/Zip Code:		City/State/Zip Code:	
Business Phone:		Business Phone:	
Business Email:		Business Email:	

**PREFERRED CONTACT INFORMATION TO RECEIVE SYNAGOGUE INFORMATION**

**Preferred Family Mailing Label Title**

*(Some examples: Mr. & Mrs. Robert Smith; Judy & Robert Smith; Dr. Judy Katz & Mr. Bob Smith; Ms. Judy Katz & Ms. Judy Gold)*

**ADULT APPLICANT 1**

**ADULT APPLICANT 2**

Email Address:

Email Address:

Phone Number:

Phone Number:

**CHILDREN**

**CHILD 1**

**CHILD 2**

**CHILD 3**

**CHILD 4**

First Name

Middle Name

Last Name

Hebrew Name

Gender

Date of Birth

Jewish Education

Attends  Will attend  
 Pre-School  
 B'Yachad  
 Hebrew Academy  
 Other school:

Attends  Will attend  
 Pre-School  
 B'Yachad  
 Hebrew Academy  
 Other school:

Attends  Will attend  
 Pre-School  
 B'Yachad  
 Hebrew Academy  
 Other school:

Attends  Will attend  
 Pre-School  
 B'Yachad  
 Hebrew Academy  
 Other school:

Class or Grade:

Class or Grade:

Class or Grade:

Class or Grade:

Bar/Bat Mitzvah Year

Secular School & Grade

*If after June 1, indicate class/grade child will enter in September. Please attach an extra sheet for additional children.*

Is there anything special about your family that would like to share with us?

Are there any special accommodations that would enhance your (or your family's) membership experience?

**RELIGIOUS BACKGROUND**

**ADULT APPLICANT 1**

**ADULT APPLICANT 2**

Born Jewish  Jew By Choice\*

Born Jewish  Jew By Choice\*

Other Religion

Other Religion

Are you a:  Kohen  Levi  Yisrael  Unknown

Are you a:  Kohen  Levi  Yisrael  Unknown

Your Hebrew Name

Your Hebrew Name

Father's Hebrew Name

Father's Hebrew Name

Mother's Hebrew Name

Mother's Hebrew Name

**\* Please attach conversion certificate for our confidential record keeping**

**\* Please attach conversion certificate for our confidential record keeping**

### Yahrzeit Observance (Anniversary of a loved one's death)

We would like to notify you each year, prior to the *yahrzeit of a loved one, when to light a memorial candle and when to attend the service to recite Kaddish* (the memorial prayer). If you do not know the Hebrew date of death, we will be able to determine the correct date on your behalf from the secular calendar.

OBSERVER	DECEASED FIRST & LAST NAME	RELATIONSHIP	SECULAR DATE OF DEATH (M/D/Y) Indicate before or after sunset	HEBREW DATE OF DEATH (M/D/Y)

### Making a Connection - Become Part of our Family

Tell us why you've decided to join Congregation Ohav Shalom (please check all that apply)

- Worship Services  
  Nursery School  
  Religious School  
  Clergy  
  Special Programs/Activities  
 Adult Education  
  Family Programs  
  Friends/Family  
  To be part of the Jewish community  
 Other reasons(s):

Are you interested in being matched with a synagogue member, who will contact you about upcoming synagogue programs and events, as well as connect you with others in the community?    Yes    No       

Are you interested in volunteering?    Yes     No

What are your passions, skills, and interests?

What special skills or talents would you like to share with the community?

In what area(s) of Jewish life would you like to increase your knowledge?

### Jewish Geography

Do you have any relatives or friends at the synagogue? Please tell us their names and how you are related.

How long have you been an area resident?

Where did you move from (if applicable)?

Present or former synagogue affiliation (if any)

### Making it Official

I hereby make application for membership and, upon acceptance, do agree to abide by its by-laws, including my financial obligations as a member.

Signature of Adult Applicant 1	Name (please print)	Date
Signature of Adult Applicant 2	Name (please print)	Date

**Welcome to the Ohav Shalom Community! Thank you for filling out the application. If you have any questions at all, please contact Nancy Pandolfo, Synagogue Administrator at (518) 489-4706 x10 or [nancy@ohavshalom.com](mailto:nancy@ohavshalom.com)**

