



Congregation Ohev Shalom

613 Concourse Parkway South

Maitland, FL 32751

Phone: (407) 298-4650 Fax: (407) 296-7101



Membership Application Date: _____

Member 1			Member 2		
Last Name	First	Middle	Last Name	First	Middle
Date of Birth			Date of Birth		
Address			Address		
City/State/Zip			City/State/Zip		
Telephone			Telephone		
E-Mail		Fax	E-Mail		Fax
Hebrew Name			Hebrew Name		
<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Israelite <input type="checkbox"/> Convert			<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Israelite <input type="checkbox"/> Convert		
Where and With Whom Conversion Completed			Where and With Whom Conversion Completed		
<input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced			<input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced		
If Married, Date of Marriage?		Month Day Year / /	If Married, Date of Marriage?		Month Day Year / /
Father's Full Name			Father's Full Name		
Father's Hebrew Name			Father's Hebrew Name		
Mother's Full Name			Mother's Full Name		
Mother's Hebrew Name			Mother's Hebrew Name		
Former Synagogue Affiliation		Dates	Former Synagogue Affiliation		Dates
Reason for Leaving			Reason For Leaving		
Occupation or Profession		Title	Occupation or Profession		Title
Company/Firm Name			Company/Firm Name		
Address			Address		
City/State/Zip			City/State/Zip		
Telephone			Telephone		
Are you related to any present member(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you related to any present member(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name		Relationship	Name		Relationship
Referred By			Referred By		

Children Living At Home

Name	Hebrew Name	Sex	Date of Birth	Grade Level
Children of Non-Jewish Mothers *	Converted	Where and with Whom Conversion Completed		

*Children Born After Mother's Conversion Are Jewish

Children Living Away From Home

Last Name	First	Date of Birth	Marital Status	Spouse's First Name
Address		City	State	Zip
Last Name	First	Date of Birth	Marital Status	Spouse's First Name
Address		City	State	Zip
Last Name	First	Date of Birth	Marital Status	Spouse's First Name
Address		City	State	Zip
Last Name	First	Date of Birth	Marital Status	Spouse's First Name
Address		City	State	Zip

Yahrzeit Observances – Member 1

Please Print

Name of Deceased (English) _____

Name of Deceased (Hebrew) _____

Relation to You: _____

Date of Death: _____

Time of Death: _____ Sun Up or Sun Down

Please Print

Name of Deceased (English) _____

Name of Deceased (Hebrew) _____

Relation to You: _____

Date of Death: _____

Time of Death: _____ Sun Up or Sun Down

Please Print

Name of Deceased (English) _____

Name of Deceased (Hebrew) _____

Relation to You: _____

Date of Death: _____

Time of Death: _____ Sun Up or Sun Down

Please Print

Name of Deceased (English) _____

Name of Deceased (Hebrew) _____

Relation to You: _____

Date of Death: _____

Time of Death: _____ Sun Up or Sun Down

Yahrzeit Observances – Member 2

Please Print

Name of Deceased (English) _____

Name of Deceased (Hebrew) _____

Relation to You: _____

Date of Death: _____

Time of Death: _____ Sun Up or Sun Down

Please Print

Name of Deceased (English) _____

Name of Deceased (Hebrew) _____

Relation to You: _____

Date of Death: _____

Time of Death: _____ Sun Up or Sun Down

Please Print

Name of Deceased (English) _____

Name of Deceased (Hebrew) _____

Relation to You: _____

Date of Death: _____

Time of Death: _____ Sun Up or Sun Down

Please Print

Name of Deceased (English) _____

Name of Deceased (Hebrew) _____

Relation to You: _____

Date of Death: _____

Time of Death: _____ Sun Up or Sun Down

**Be a part of your synagogue.
Check below the Activities that interest you:**

<u>Name</u>	<u>Member 1</u>	<u>Member 2</u>
Adult Choir	_____	_____
Adult Education	_____	_____
Bikur Cholim (Visiting the Sick)	_____	_____
Bulletin/Publicity	_____	_____
Chevra Kadisha (Jewish Burial Society)	_____	_____
College Outreach	_____	_____
Family Programming	_____	_____
Finance	_____	_____
Fundraising	_____	_____
House/Building Coordination	_____	_____
Ma'Asim Tovim (Feeding the Homeless)	_____	_____
Membership/Retention	_____	_____
Men's Club	_____	_____
Religious School	_____	_____
Ritual	_____	_____
Seniors	_____	_____
Singles	_____	_____
Sisterhood	_____	_____
Social Action	_____	_____
Yad Squad (Torah Reading)	_____	_____
Youth	_____	_____

Name of Member 1 _____ Phone _____

Name of Member 2 _____ Phone _____

Email: _____

Type of Membership Applied For:

- | SINGLE | FAMILY | SINGLE-PARENT
FAMILY |
|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Under 35 | <input type="checkbox"/> Under 35 | <input type="checkbox"/> Under 35 |
| <input type="checkbox"/> 35-64 | <input type="checkbox"/> 35-64 | <input type="checkbox"/> 35-64 |
| <input type="checkbox"/> 65+ | <input type="checkbox"/> 65+ | |

Will Special Arrangements Be Required? Yes or No
Are you a member of the JCC? Yes or No

Date _____

I hereby apply for Membership in Congregation Ohev Shalom, the first and largest Conservative Synagogue of Orlando, Florida, affiliated with the United Synagogue of Conservative Judaism. If approved, I will abide by the Congregation Ohev Shalom Constitution and By-Laws, and principles upon which it is founded. In connection with this application, the information pertaining to family records is freely furnished. I have left my previous synagogue as a member in good standing.

I am enclosing a check or money order for a minimum of \$180.00 to accompany my application. I promise to pay my annual dues and fees as established by the Finance Committee. The fiscal year runs from May 1 through April 30. One-half of the annual dues and one-half of the building fund and assessment are due prior to the High Holidays in order for tickets to be issued, unless special arrangements have been made. If arrangements are needed, please call the office at (407) 298-4650.

Signature of Applicant

OFFICE USE ONLY BELOW THIS LINE

Applicant interviewed on _____ by _____

Dues set at \$ _____ per annum.

Building Fund \$ _____ Membership Type: _____

Special Notations/Needs _____

Approved by _____