



# MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

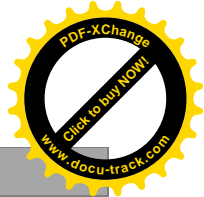
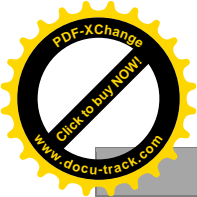
Head of Household (circle one) Male/Female				Date:	
Name:			Number of Years in Monmouth County:		
Current address:					
City:		State:	Zip Code:		Phone:
Cell:		Fax:		Email:	
Alternate Residence: (if applicable)					
Effective Dates at Alternate Residence:					
Current employer:			Occupation/Position:		How long?
Employer address:			City:		State: Zip:
Phone:		Fax:		Email:	
Date of birth:		Hebrew Name:		Father's Hebrew Name:	
Kohen <input type="checkbox"/>		Levi <input type="checkbox"/>	Israelite <input type="checkbox"/>		Mother's Hebrew Name:
Family Status:	Married <input type="checkbox"/>	Anniversary Date:		Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/> Single <input type="checkbox"/>
Previous Hebrew Education:			Bar/Bat Mitzvah:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/> If Yes Date:
Prior Congregational Affiliation and Dates: (offices held by you and/or your spouse)					

## SPOUSE INFORMATION IF FAMILY MEMBERSHIP

Name:					
Current employer:			Occupation/Position:		How long?
Employer address:			City:		State: Zip:
Phone:		Fax:		Email:	
Date of birth:		Hebrew Name:		Father's Hebrew Name:	
Kohen <input type="checkbox"/>		Levi <input type="checkbox"/>	Israelite <input type="checkbox"/>		Mother's Hebrew Name:
Previous Hebrew Education:			Bar/Bat Mitzvah:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/> If Yes Date:

## CHILDREN

English Name	Hebrew Name	Date of Birth	Sex M/F	School Grade



**RELATIVES IN CONGREGATION**

Name:	Relationship:
Name:	Relationship:

**Yahrzeit/Cemetery Records**

Does your family own a cemetery plot? If yes, where?

If there are yahrzeit dates observed in your family, please list them. We remind our congregants of their yahrzeit dates.

Full Name of Deceased	Relationship to Whom	
Hebrew Name include Hebrew name of father of deceased (Isaac Ben Moshe):		
English Date of Death (month/day/year)	Before or after Sundown?	
Full Name of Deceased	Relationship to Whom	
Hebrew Name include Hebrew name of father of deceased (Isaac Ben Moshe):		
English Date of Death (month/day/year)	Before or after Sundown?	
Full Name of Deceased	Relationship to Whom	
Hebrew Name include Hebrew name of father of deceased (Isaac Ben Moshe):		
English Date of Death (month/day/year)	Before or after Sundown?	
Full Name of Deceased	Relationship to Whom	
Hebrew Name include Hebrew name of father of deceased (Isaac Ben Moshe):		
English Date of Death (month/day/year)	Before or after Sundown?	

**Volunteer Interests**

Your participation in synagogue life can enhance your membership, as well as benefit our congregation. Please check areas of interest.

Adult Bar/Bat Mitzvah <input type="checkbox"/>	Ad Journal/Dinner Dance <input type="checkbox"/>	Hospital Visitation <input type="checkbox"/>	Ritual <input type="checkbox"/>
Adult Education <input type="checkbox"/>	Building/House Committee <input type="checkbox"/>	Investment/Funds <input type="checkbox"/>	Second Generation <input type="checkbox"/>
Family Education <input type="checkbox"/>	Choir <input type="checkbox"/>	Israel Affairs <input type="checkbox"/>	Sisterhood <input type="checkbox"/>
Pre-School <input type="checkbox"/>	Club MJC (Couple/Family Club) <input type="checkbox"/>	Membership <input type="checkbox"/>	Tzedakah <input type="checkbox"/>
Religious School <input type="checkbox"/>	Finance and Budget <input type="checkbox"/>	Men's Club <input type="checkbox"/>	
Youth <input type="checkbox"/>	Fundraising <input type="checkbox"/>	Prime Timers <input type="checkbox"/>	

Do you or anyone in your family have any desire to lead services? Read Torah/Haftarah?

What prompted you to join our Temple?

I/We hereby apply for membership to Congregation Ohav Shalom. I/We agree to abide by the rules and regulations as specified in the constitution and by-laws. I/We further agree to assume all proper financial obligations for dues, tuitions, pledges and assessments. Our membership remains valid unless we notify the Temple office in writing of our intention to terminate membership. Our fiscal year begins July 1, and ends June 30. All obligations (Dues, Building Fund, etc.) are due quarterly. A deposit is due with the completed application as per our financial policy.

Signature of applicant:	Date:
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**FOR OFFICE USE ONLY**

MMS I.D. #	Membership Type	Date Application Received:			
Building Fund	Yahrzeits	Computer			
Dues: \$	Amount Received: \$				
Bar/Bat Mitzvah Date (if applicable)	Pre-School (if applicable)				
Copies To:	Executive Director <input type="checkbox"/>	President <input type="checkbox"/>	Ritual Admin. <input type="checkbox"/>	Financial Office <input type="checkbox"/>	Membership VP <input type="checkbox"/>
Signature of Executive Director or Temple Official:					Date: