

TEMPLE OHEV SHOLOM
Application for Membership

Please submit completed application, with additional pages as needed, to the Temple office.

Applicant/Co-applicant Information - Part 1

	Applicant	Co-applicant
Full Name		
Preferred Name		
Title		
Hebrew Name		
Home Address: Street, City, State, Zip Code		
Email address		
Home phone		
Mobile phone (optional)		
Marital Status		
Date of Marriage (mm/dd/yyyy)		
Date of Birth (mm/dd/yyyy)		
Place of Birth		
Occupation/title		
Full time/part time/retired		
Employer		
Business Address: Street, City, State, Zip Code		
Business phone		

Applicant/Co-applicant Information - Part 2

	Applicant	Co-applicant
Religion of Birth		
If Jewish, in which tradition		
Current Religion		
Did you become a Bar/Bat Mitzvah? <i>Yes and Date/No</i>		
Were you confirmed? <i>Yes and Date/No</i>		
Do you read Hebrew?		
Do you wish to participate in services? <i>Yes/No</i> <i>Hebrew/English/Both</i>		
Previous Synagogue		
City/State		
Are you related to a past or current member of our temple? <i>Yes/No</i>		
Name of member		
Relationship		
If there are other adults in your household, please provide name(s) and relationship		

Temple Ohev Sholom
 2345 North Front Street
 Harrisburg, PA 17110

Phone: 717-233-6459
 Fax: 717-236-7844
 Email: office@ohevsholom.org

	Child 1	Child 2
Full Name		
Preferred Name		
Hebrew Name		
Address (if different than applicants)		
Email address		
Date of Birth (mm/dd/yyyy)		
Religious Education Status		
Current grade (pre-school, school, college)		
Name of school/college		

Yahrzeit Reminders

Name of Deceased	Relationship	Date of Death (mm/dd/yyyy)

What you would like to get involved in? Answer Yes/No and indicate specific area(s) of interest

	Applicant	Co-applicant
Adult education classes		
Sisterhood		
Temple governance		
Volunteering		

Membership Obligations

Dues: I/We have been provided with a copy of the current year's Dues Schedule and agree to abide by the requirements set forth. I/We will pay our dues (check one):

Monthly **Annually**

Capital Fund: In order to preserve our Temple and keep it unencumbered for future generations, we must keep it on a solid financial foundation. All new members are asked to make a pledge to the Capital Fund in an amount to be paid over a three-year period.

I/We pledge to the Capital fund, to be paid on a quarterly basis over a three-year term:

\$750 (minimum pledge) \$1000
 \$1400 \$1800
 \$2400 Other (if in excess of \$2400) \$_____

Payment: I/We herewith submit my/our first dues payment of \$_____ and my/our first Capital Fund contribution of \$_____.

Application: I/We hereby apply for Membership in Temple Ohev Sholom and agree to abide by its Bylaws, rules, regulations, and policies. The information provided above is correct to the best of my/our knowledge. I/We understand that the information contained in this application will be used for Temple administration only, and will not be released beyond the Board of Trustees and office staff without my/our express permission. In accordance with Union for Reform Judaism policy, I/we give permission for Temple Ohev Sholom to contact my/our former congregation to determine my/our status.

Applicant signature Co-applicant signature Date (mm/dd/yyyy)
If completing this form electronically, please use your initials as your signature.

Membership Determination (to be completed by Temple):

The attached Application for Membership was submitted to the Board of Trustees and approved/disapproved on the following date _____. Applicant(s) will be notified by Temple staff.

Temple President; Secretary; or Membership and Outreach Chair