

Membership Information

Ohav Shalom of Bucks County

Adult 1

Name: _____

Mr. Mrs. Ms. Dr.

Address: _____

Telephone: _____

Home: _____

Cell: _____

Email: _____

Preferred Method of Contact: _____

Home Cell Email

Marital Status

Married (Date: _____) Single Widowed

Hebrew Name: _____

Birth Date: _____

Occupation: _____

Adult 2

Name: _____

Mr. Mrs. Ms. Dr.

Address: _____

Telephone: _____

Home: _____

Cell: _____

Email: _____

Preferred Method of Contact: _____

Home Cell Email

Marital Status

Married (Date: _____) Single Widowed

Hebrew Name: _____

Birth Date: _____

Occupation: _____

Children Under Age 30

Child 1

Name: _____

Birthdate: _____

Hebrew Name: _____

Current Grade in _____

Secular School or College: _____

Child 2

Name: _____

Birthdate: _____

Hebrew Name: _____

Current Grade in _____

Secular School or College: _____

Child 3*

Name: _____

Birthdate: _____

Hebrew Name: _____

Current Grade in _____

Secular School or College: _____

** Please list additional children with their information on a separate sheet and attach*

Early Learning Center & Hebrew School

Are any of your children currently enrolled in our Early Learning Center? _____

Are you planning to enroll any of your children in our Hebrew School? _____

Religious History

Religious Movement in which you were raised: (Orthodox, Conservative, Reform, Other)

Adult 1: _____

If not raised in Jewish Tradition:

Jewish By Choice / Date of Conversion: _____

Other Religious Affiliation

Adult 2: _____

If not raised in Jewish Tradition:

Jewish By Choice / Date of Conversion: _____

Other Religious Affiliation

Yahrzeit Record

Ohav Shalom reads the names of its members' deceased loved ones on their Yahrzeit. Please list the names to be read annually:

Relative of _____

Name of Deceased _____

Relationship _____

Secular Date of Death _____

Relative of _____

Name of Deceased _____

Relationship _____

Secular Date of Death _____

Relative of _____

Name of Deceased _____

Relationship _____

Secular Date of Death _____

Which would you like the synagogue to use to memorialize your loved ones?

Secular Calendar Date

Hebrew Calendar Date

Activities of the Congregation

Please indicate your interest in becoming involved in:

- Adult Education Early Learning Center
- Choir Hebrew School
- Hazak (Young Seniors) Ritual
- Inclusion B'Kavod Sisterhood
- Men's Club Social Action
- Other

Accommodations

Please indicate any accommodations that you or a family member may need:

- Amplified Hearing Device
- Special Seating
- Handicapped Parking
- Other

Financial Commitment

Please refer to the enclosed financial information sheet to determine your financial commitment. A deposit of \$150,00 is required with this application.

I/we are applying for membership at Ohav Shalom and agree to be bound by its by-laws, rules, and regulations. I/we agree to pay annual membership dues, the Building Fund, school tuition (if applicable), assessments and any other sums which I/we may owe to the synagogue when due. Membership continues at Ohav Shalom from year to year until I/we submit my/our resignation in writing or membership is otherwise terminated.

Signature _____

Date _____

Signature _____

Date _____

If at anytime you have questions or need assistance completing this form, please contact our membership chair at membership@ohav.org.

*Welcome to
Ohav Shalom of
Bucks County.*

*Learn. Live.
Love Ohav Shalom.*

Please Mail This Application To:

Ohav Shalom of Bucks County
944 Second Street Pike
Richboro, PA 18954

Visit Us: www.ohav.org
Contact Us: 215-322-9595



MEMBERSHIP APPLICATION

Ohav Shalom of Bucks County
944 Second Street Pike
Richboro, PA 18954

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*~ Ohav Shalom celebrates the
uniqueness of each individual and
welcomes diversity within
our sacred community ~*