

## Activities of the Congregation

Please indicate your interest in becoming involved in:

- Adult Education
- Hebrew School
- Ritual
- Men's Club
- Other: \_\_\_\_\_
- Choir
- Hazak (Young Seniors)
- Social Action
- Sisterhood

## 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 to Ohev 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 Ohev Shalom from year to year until I/we submit my/our resignation in writing or membership is otherwise terminated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*If you have questions or need assistance completing this form, please contact our office 215-322-9595.*

*Welcome to  
Ohev Shalom of  
Bucks County.*

*Learn. Live.  
Love Ohev Shalom.*

**Please mail this application to:**  
Ohev Shalom of Bucks County  
944 second Street Pike  
Richboro, PA 18954

Visit us at:  
[www.ohev.org](http://www.ohev.org)  
Contact us at: 215-322-9595  
ohev@ohev.org.



# MEMBERSHIP APPLICATION

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

[www.ohev.org](http://www.ohev.org)  
215-322-9595

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

## Membership Information

Ohev Shalom of Bucks County

### Adult 1

Name:

Mr.  Mrs.  Ms.  Dr.

Address: \_\_\_\_\_

Telephone:

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Method of Contact:

Home  Cell  Email

Martial Status

Married (Date: \_\_\_\_\_)  Single  Widowed

Hebrew Name if known: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Occupation: \_\_\_\_\_

### Adult 1

Name:

Mr.  Mrs.  Ms.  Dr.

Address: \_\_\_\_\_

Telephone:

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Method of Contact:

Home  Cell  Email

Martial Status

Married (Date: \_\_\_\_\_)  Single  Widowed

Hebrew Name if known: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Occupation: \_\_\_\_\_

## Children Under Age 30

### Child 1

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Hebrew Name if known: \_\_\_\_\_

Current Grade in  
Secular School or College: \_\_\_\_\_

### Child 2

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Hebrew Name if known: \_\_\_\_\_

Current Grade in  
Secular School or College: \_\_\_\_\_

### Child 3\*

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Hebrew Name if known: \_\_\_\_\_

Current Grade in  
Secular School or College: \_\_\_\_\_

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

## Hebrew School

Are you planning to enroll any of your children in Hebrew School, grades Pre-Kindergarten through 10<sup>th</sup> grade?: \_\_\_\_\_

## 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

*Ohev 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

