



Congregation Ohav Sholom
 The Merrick-Bellmore Synagogue
 145 S. Merrick Avenue
 Merrick, NY 11566

OHAV.ORG
 Shul Office 516-378-1988
 Hebrew School 516-377-8892

Rabbi Ira Ebbin
 rabbiebbin@ohav.org

.....6Uffn6jfbVU a
President

.....Dr. Mel Issacs
Religious School Principal

Rabbi Jeremiah Wohlberg
Rabbi Emeritus

MEMBERSHIP FEES

- Annual fees for Membership at *Congregation Ohav Sholom* consist of membership dues and the journal fee of \$200.00.
- They are calculated on a fiscal year basis beginning on July 1st and ending on June 30th.
- Hebrew School tuition is not included in membership or other fees.
- Applications for membership shall be accompanied by a \$100.00 deposit which shall be applied to the membership dues for the current year.
- Membership will automatically be renewed each year, unless the Board of Trustees is notified in writing to the contrary.

FINANCIAL POLICIES

- All assessments begin with the first year of membership.
- Tickets for High Holy Day Services will be sent to only those members whose financial obligations are current.
- If any member does not satisfy their financial obligation in a timely manner in accordance with the Constitution and By-laws of *Congregation Ohav Sholom*, all costs of recovery, including legal fees and other costs of collection, shall be the obligation of the member.

I/We hereby apply for membership with *Congregation Ohav Sholom* and understand my/our financial obligations as explained above.

Applicant's Signature: _____

Date: _____

Co- Applicant's Signature: _____

Date: _____

For Office Use

Date Received: _____

Date of Vote: _____

Date of Welcome Letter: _____

Date Filed: _____

- Rabbi
- President
- Membership Chair
- Financial Secretary

TYPE OF MEMBERSHIP REQUESTED (please check one)

- FAMILY YOUNG MARRIED SENIOR COUPLE
- SENIOR SINGLE SINGLE YOUNG SINGLE SUSTAINING

Please Print Clearly

Today's Date _____

Family Name: _____

E-mail Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Marital Status: _____ Date Married: _____

Applicant Cell Phone: () _____ Co-Applicant/Spouse Cell Phone: () _____

PERSONAL DATA

Applicant

Co-Applicant/Spouse

Full First Name: _____

Full First Name: _____

Preferred Name for letters, etc. _____

Preferred Name for letters, etc. _____

Circle Preferred Title: Mr. Dr. Mrs. Miss Ms. or other

Circle Preferred Title: Mr. Dr. Mrs. Miss Ms. or other

Hebrew Name: _____

Hebrew Name: _____

- Kohen Levi Israelite

Father's Hebrew Name _____

Father's Hebrew Name _____

Mother's Hebrew Name _____

Mother's Hebrew Name _____

Date of Birth: _____

Date of Birth: _____

- Born Jewish Converted Date _____

- Born Jewish Converted Date _____

Place _____

Place _____

Officiating Rabbi _____

Officiating Rabbi _____

PERSONAL DATA (continued)

Occupation: _____
Employer Name: _____
Business Phone: _____
Employer Address: _____
City, State, Zip: _____

Spouse Occupation: _____
Employer Name: _____
Business Phone: _____
EmployerAddress: _____
City, State, Zip: _____

INFORMATION CONCERNING CHILDREN

Child

First Name: _____
Last Name: _____
Hebrew Name: _____
Date of Birth: _____ Sex: _____
 Born Jewish Converted Date _____
Place of Conversion: _____
Officiating Rabbi: _____
Grade in School: _____
Bar/Bat Mitzvah Date: _____

Child

First Name: _____
Last Name: _____
Hebrew Name: _____
Date of Birth: _____ Sex: _____
 Born Jewish Converted Date _____
Place of Conversion: _____
Officiating Rabbi: _____
Grade in School: _____
Bar/Bat Mitzvah Date: _____

Child

First Name: _____
Last Name: _____
Hebrew Name: _____
Date of Birth: _____ Sex: _____
 Born Jewish Converted Date _____
Place of Conversion: _____
Officiating Rabbi: _____
Grade in School: _____
Bar/Bat Mitzvah Date: _____

Child

First Name: _____
Last Name: _____
Hebrew Name: _____
Date of Birth: _____ Sex: _____
 Born Jewish Converted Date _____
Place of Conversion: _____
Officiating Rabbi: _____
Grade in School: _____

Applicant's Email Address: _____

Co-Applicant's Email Address: _____

Subscribe to Synagogue email? Yes No Subscribe to Synagogue email? Yes No

Yahrzeit Record

Name	Date of Passing	Relationship
English _____	English _____	
*Hebrew _____	Hebrew _____	_____
English _____	English _____	
*Hebrew _____	Hebrew _____	_____
English _____	English _____	
*Hebrew _____	Hebrew _____	_____
English _____	English _____	
*Hebrew _____	Hebrew _____	_____

*Include Father's Name of Deceased

Miscellaneous Information

Alternate (Snowbird) Address

Street: _____
City: _____
State: _____ Zip: _____
Phone: _____
Dates at this address: _____

Men's Club Sign-up Yes No
Sisterhood Sign-up (First year free) Yes No
Do you have any special interests?

How did you hear about Congregation Ohav Sholom?



Congregation Ohav Sholom
The Merrick-Bellmore Synagogue
145 S. Merrick Avenue
Merrick, NY 11566

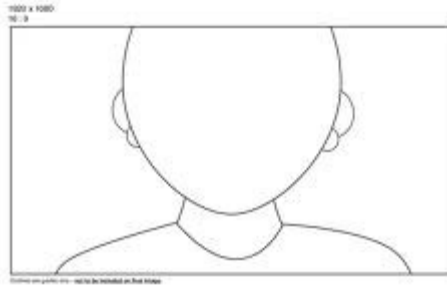
OHAV.ORG
Shul Office 516-378-1988
Hebrew School 516-377-8892

Rabbi Ira Ebbin
rabbiebbin@ohav.org

6Ufni6jfbVi a
President

.....
Dr. Mel Issacs
Religious School Principal

Rabbi Jeremiah Wohlberg
Rabbi Emeritus



**Please provide us with a picture of your family.
Thank you in advance for your cooperation.**