



613 Concourse Pkwy S | Maitland, FL 32751 | P (407) 298-4650 | F (407) 636-4080 | ohevshalom.org

Application For Membership

Information About Member 1

_____/_____/_____
Name (First Name, Middle, Last Name) Date of Birth (Mon/Day/Year)

Informal Name _____

Street Address City, State Zip

(_____) _____
Phone Email Address

Are you Jewish? Yes, born Jewish Yes, converted to Judaism No, but interested in conversion No

If Jewish, are you a Kohen Levi Israelite (not a Kohen or Levi)

If Jewish, what is your Hebrew name _____

If a convert, where/with whom converted _____

Former Synagogue _____
Name City, State Affiliated Movement

Reason for Leaving? _____

Marital Status Single Married (Date of Marriage ____/____/____) Partnered Widow/Widower

Your Father's Full Name Your Father's Hebrew Name (if applicable)

Your Mother's Full Name Your Mother's Hebrew Name (if applicable)

Are you related to a current COS member? Yes No

If yes, name and relationship: _____

Were you referred by a current COS member? Yes, by _____ No

Information About Member 2

_____/_____/_____
Name (First Name, Middle, Last Name) Date of Birth (Mon/Day/Year)

Informal Name _____

Street Address (leave blank if same as above) City, State Zip

(_____) _____
Phone Email Address

Are you Jewish? Yes, born Jewish Yes, converted to Judaism No, but interested in conversion No

If Jewish, are you a Kohen Levi Israelite (not a Kohen or Levi)

If Jewish, what is your Hebrew name _____
If a convert, where/with whom converted _____

Former Synagogue _____
Name City, State Affiliated Movement

Reason for Leaving? _____

Marital Status Single Married (Date of Marriage ____/____/____) Partnered Widow/Widower

Your Father's Full Name _____ Your Father's Hebrew Name (if applicable) _____

Your Mother's Full Name _____ Your Mother's Hebrew Name (if applicable) _____

Are you related to a current COS member? Yes No

If yes, name and relationship: _____

Were you referred by a current COS member? Yes, by _____ No

Children Living at Home (If more than four children, please add on separate sheet)

1. Name _____ /____/____
First Name, Middle, Last Name Date of Birth Gender Current Grade

Is child Jewish? Yes, born Jewish Yes, converted on ____/____/____ by _____ No

Hebrew Name _____

2. Name _____ /____/____
First Name, Middle, Last Name Date of Birth Gender Current Grade

Is child Jewish? Yes, born Jewish Yes, converted on ____/____/____ by _____ No

Hebrew Name _____

3. Name _____ /____/____
First Name, Middle, Last Name Date of Birth Gender Current Grade

Is child Jewish? Yes, born Jewish Yes, converted on ____/____/____ by _____ No

Hebrew Name _____

4. Name _____ /____/____
First Name, Middle, Last Name Date of Birth Gender Current Grade

Is child Jewish? Yes, born Jewish Yes, converted on ____/____/____ by _____ No

Hebrew Name _____

Do you have children who live outside your home? Yes (please list names and date of birth below) No

Are there other people living in your household? Yes, (names) _____ No

Does anyone in your household have special needs you would like for us to be aware of? Yes No

If yes, please explain _____

Membership

I/We are applying for the following category of Membership:

Single

- 21 – 34 years old
- 35 – 64 years old
- 65+ years old

Married/Partnered Family

- 21 – 34 years old
- 35 – 64 years old
- 65+ years old

Single-Parent Family

- 21 – 34 years old
- 35 – 64 years old

I/We apply to join Congregation Ohev Shalom, the first synagogue in Orlando, Florida and still Central Florida's leader in creating a vibrant, welcoming Jewish community. Congregation Ohev Shalom is affiliated with the United Synagogue of Conservative Judaism and is the largest synagogue in Central Florida.

When accepted for membership, I/we agree to abide by the Congregation Ohev Shalom Constitution and By-Laws, as well as the principles upon which the congregation is founded. The information pertaining to family records included in this application is freely furnished. I attest that I have left my previous synagogue as a member in good standing.

I/we have enclosed a non-refundable application fee of \$180 (*please attach a check or provide your credit card information below*). This application fee will be applied to the first-year financial commitment. I have read the Congregation Ohev Shalom dues structure and understand that as a member I/we will be responsible for paying annual dues and fees as established by the Finance Committee. Half of the annual financial commitment is due prior to the High Holidays in order for tickets to be issued unless a special arrangement has been made in advance. I/we understand that Congregation Ohev Shalom believes that finances should never be a barrier to membership and that we can call the Executive Director at (407) 298-4650 to arrange a confidential fair share dues commitment that works for us and Congregation Ohev Shalom that can be re-evaluated annually.

Signature of Member 1: _____

Signature of Member 2: _____

Date: _____

OFFICE USE ONLY BELOW THIS LINE
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Applicant interviewed on ____/____/____ by _____

Membership dues set at \$ _____ per annum.

Building Fund \$ _____ Membership Category _____

Special Notation/Needs _____

Approved By _____ Date ____/____/____