



CONGREGATION OHEVSHALOM

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

Unmarried Children Under Age 26 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 category of Membership indicated below. The dues associated with each category may be found in the Dues and Assessments document. I/We understand that children aged 26 and older living in my household must complete their own membership application and pay their own dues to be members.

Standard Dues

Single Adult Household Without Children at Home

- ☐ 21 – 25 years old
- ☐ 26 – 30 years old
- ☐ 31 – 35 years old
- ☐ 36 – 40 years old
- ☐ 41 – 64 years old
- ☐ 65+ in own home
- ☐ 65+ in Sr. Housing

Single Adult Household With Children at Home

- ☐ 21 – 25 years old
- ☐ 26 – 30 years old
- ☐ 31 – 35 years old
- ☐ 36 – 40 years old
- ☐ 41 – 64 years old
- ☐ 65+ in own home

Two Adult Household With or Without Children at Home

- ☐ 21 – 25 years old
- ☐ 26 – 30 years old
- ☐ 31 – 35 years old
- ☐ 36 – 40 years old
- ☐ 41 – 64 years old
- ☐ 65+ in own home
- ☐ 65+ in Sr. Housing

Kol Hakavod Dues

Single Adult Household With or Without Children at Home

- ☐ Magen David
- ☐ Menorah
- ☐ Ner Tamid
- ☐ Aron Hakodesh

Two Adult Household With or Without Children at Home

- ☐ Magen David
- ☐ Menorah
- ☐ Ner Tamid
- ☐ Aron Hakodesh

We give permission to Congregation Ohev Shalom to:

- Share information from this application and interest form with COS members. ☐ Yes ☐ No
- Use my/our likeness in a photograph, video, or other digital media in any and all of its publications, including web-based publications and social media channels, without payment or other consideration. ☐ Yes ☐ No

I/We apply to join Congregation Ohev Shalom. Congregation Ohev Shalom is affiliated with the United Synagogue of Conservative Judaism.

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 Board of Trustees. 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

Applicant interviewed on ____ / ____ / ____ by _____

Membership dues set at \$_____ per annum.

Building Fund \$_____ Membership Category_____

Special Notation/Needs_____

Approved By_____ Date____ / ____ / ____

REV. 5-22-22