



MEMBERSHIP APPLICATION

1600 Jonquil Street NW, Washington, DC 20012 | 202.882.7225

Circle One: Dr. Mr. Mrs. Ms. Miss _____		Circle One: Dr. Mr. Mrs. Ms. Miss _____	
Member Name:		Co-Member Name:	
Hebrew Name:		Hebrew Name:	
Date of Birth (dd/mm/yy):		Date of Birth (dd/mm/yy):	
Address:		Address:	
Home Phone:	Work Phone:	Home Phone:	Work Phone:
Mobile Phone:		Mobile Phone:	
Email:		Email:	

Children in Household			
English Name	Hebrew Name	D.O.B. (dd/mm/yy)	Hebrew D.O.B.

COMMUNICATIONS PREFERENCES
<p><i>Out of respect for the environment and to minimize operating costs, synagogue communications will primarily be done via email/website. If you prefer to hear from us by mail, we are happy to include you in our opt-in mail distribution list.</i></p> <p><input type="checkbox"/> Mail it! I want my statements and mailings via the US Postal Service</p> <p><input type="checkbox"/> I prefer electronic communications to the email(s) listed above</p>
<p>Annual Membership Directory <i>Members are automatically included in our annual membership directory unless noted here:</i> <input type="checkbox"/> Please do not include in membership directory</p>

Any person of the Jewish faith and over 18 years of age may become a member, subject to review by the Rabbi and Board of Directors. If you need additional information, please contact Sarah Shapiro, Executive Director at sarah.shapiro@ostns.org or 202.882.7225.



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Memorial Anniversaries/Yahrzeits

Full English Name of Deceased		Full Hebrew Name of Deceased		Relationship
English Date of Death		Hebrew Date of Death		

Full English Name of Deceased		Full Hebrew Name of Deceased		Relationship
English Date of Death		Hebrew Date of Death		

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English Date of Death		Hebrew Date of Death		

Full English Name of Deceased		Full Hebrew Name of Deceased		Relationship
English Date of Death		Hebrew Date of Death		

Membership Dues Information

All new membership applications must be approved by the Board of Directors. Once approved, payment may be submitted on our website, www.ostns.org or through our office. For an updated list of membership plans, please visit www.ostns.org/membership or call 202.882.7225.

Signature of Applicant/Co-Applicant _____	Date _____
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For more information about joining Ohev Sholom - The National Synagogue, visit www.ostns.org/membership

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