



CONGREGATION HAR SHALOM
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www.harshalom.org
www.facebook.com/congregation.har.shalom

MEMBERSHIP APPLICATION

Family Last Name: _____ Date: _____

Adult 1

Title: Mr./Mrs./Ms./Miss/Other _____ First Name: _____ Last Name: _____

Address (street, city, state, zip): _____

Home Phone: _____ Home Fax: _____

E-mail: _____ Cell Phone: _____

(you will receive congregation emails unless you opt-out here ☐)

Date of Birth (mm/dd/yyyy): ____/____/____ Gender: _____

I am a (circle one): Jew by birth | Jew by choice* | Member of another faith tradition/no faith tradition

Married ☐ (Date of Marriage: ____/____/____) Single ☐ Widowed ☐ Divorced ☐ Separated ☐

Occupation: _____ Employer: _____

Business: Address: _____

Business: Phone: _____ Fax: _____ Email: _____

Hebrew Name: _____ ☐ Kohen ☐ Levi ☐ Israelite

Parent: Name: _____ Hebrew Name: _____ Living: Y☐ N☐

Address: _____ HomePhone: _____

Parent: Name: _____ Hebrew Name: _____ Living: Y☐ N☐

Address: _____ Home Phone: _____

Yahrzeits of Adult 1

Name of Deceased: _____ Relationship: _____

Civil Date of Death (before/after sundown): ____/____/____ Hebrew Date of Death: _____

Name of Deceased: _____ Relationship: _____

Civil Date of Death (before/after sundown): ____/____/____ Hebrew Date of Death: _____

Name of Deceased: _____ Relationship: _____

Civil Date of Death (before/after sundown): ____/____/____ Hebrew Date of Death: _____

Do you own a cemetery plot: Y☐ N☐ If yes, please provide name and address of cemetery:

Office use: Date received: _____ FamilyID: _____

Adult 2

Title: Mr./Mrs./Ms./Miss/Other ____ First Name: _____ Last Name: _____

Contact information same as Adult 1 for: Address ☐ Home Phone ☐ Fax ☐ Email Address ☐

Address (street, city, state, zip): _____

Home Phone: _____ Home Fax: _____

E-mail: _____ Cell phone: _____

(you will receive congregation emails unless you opt-out here ☐)

Date of Birth (mm/dd/yyyy): ____/____/____ Gender: _____

I am a (circle one): Jew by birth | Jew by choice* | Member of another faith tradition/no faith tradition

Occupation: _____ Employer: _____

Business Address: _____

Business Phone: _____ Fax: _____ Email: _____

Hebrew Name: _____ ☐ Kohen ☐ Levi ☐ Israelite

Parent: Name: _____ Hebrew Name: _____ Living: Y ☐ N ☐

Address: _____ Home Phone: _____

Parent: Name: _____ Hebrew Name: _____ Living: Y ☐ N ☐

Address: _____ Home Phone: _____

Yahrzeits of Adult 2

Name of Deceased: _____ Relationship: _____

Civil Date of Death (before/after sundown): ____/____/____ Hebrew Date of Death: _____

Name of Deceased: _____ Relationship: _____

Civil Date of Death (before/after sundown): ____/____/____ Hebrew Date of Death: _____

Name of Deceased: _____ Relationship: _____

Civil Date of Death (before/after sundown): ____/____/____ Hebrew Date of Death: _____

Do you own a cemetery plot: Y ☐ N ☐ If yes, please provide name and address of cemetery:

Other Information

Do you keep a kosher home? Y ☐ N ☐

Are you a member of any other congregation? Y ☐ N ☐ If yes, where? _____

Previous synagogue affiliation: _____

What attracted you to Har Shalom? _____

If any person in your family converted to Judaism, please submit a copy of the conversion documents

Office use: Date received: _____ FamilyID: _____

Please list any relatives who are also members of Har Shalom:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

CHILDREN – All ages including those no longer living at home *(children 22 & under are included in Membership)*

1: English Name: _____ Married ☐ Married Name: _____

Date of Birth (mm/dd/yyyy): ____/____/____ Gender: _____

I am a (circle one): Jew by birth | Jew by choice* | Member of another faith tradition/no faith tradition

Hebrew Name: _____ Bar/Bat Mitzvah Date: ____/____/____

Current Address (if not home): _____

Education: Current Grade or Year of High School Graduation: _____

Current School (if applicable): _____

What religious education has your child received? Please include location: _____

Allergies / Accommodations of child: _____

2: English Name: _____ Married ☐ Married Name: _____

Date of Birth: (mm/dd/yyyy) ____/____/____ Gender: _____

I am a (circle one): Jew by birth | Jew by choice* | Member of another faith tradition/no faith tradition

Hebrew Name: _____ Bar/Bat Mitzvah Date: ____/____/____

Current Address (if not home): _____

Education: Current Grade or Year of High School Graduation: _____

Current School (if applicable): _____

What religious education has your child received? Please include location: _____

Allergies / Accommodations of child: _____

3: English Name: _____ Married ☐ Married Name: _____

Date of Birth (mm/dd/yyyy): ____/____/____ Gender: _____

I am a (circle one): Jew by birth | Jew by choice* | Member of another faith tradition/no faith tradition

Hebrew Name: _____ Bar/Bat Mitzvah Date: ____/____/____

Current Address (if not home): _____

Education: Current Grade or Year of High School Graduation: _____

Current School (if applicable): _____

What religious education has your child received? Please include location: _____

Allergies / Accommodations of child: _____

Youth Group: Please indicate interest in the youth group by adding your child's name below:

Bonim (grades K-2) _____ Machar (grades 3-5) _____

Kadima (grades 6-8) _____ USY (grades 9-12) _____

Office use: Date received: _____ FamilyID: _____

Activity Interests

In order to continue to be a vibrant, active congregation, Har Shalom needs dedicated, involved members. Please show your interest in activities by checking Adult 1 and/or Adult 2 for each activity of interest.

Committees:

- ☐ ☐ Adult Ed
☐ ☐ B'nai Mitzvah
☐ ☐ Budget
☐ ☐ Communications
☐ ☐ ECC Parent
☐ ☐ ECC Steering
☐ ☐ Fine Arts
☐ ☐ Gemilut Hasadim
☐ ☐ Hevra Kadisha
☐ ☐ High Holy Days
☐ ☐ House Operations
☐ ☐ Kulanu (Accessibility)
☐ ☐ Member Outreach
☐ ☐ New Member

☐ ☐ Personnel

- ☐ ☐ Program
☐ ☐ Religious Activities
☐ ☐ Religious School Board
☐ ☐ Tikkun Olam
☐ ☐ Ways and Means
☐ ☐ World Jewry
☐ ☐ Youth Commission

Ritual:

- ☐ ☐ Chant Torah
☐ ☐ Chant Haftarah
☐ ☐ Daily Minyan
☐ ☐ Lead Services
☐ ☐ Teach Trope

Interests / Volunteerism:

- ☐ ☐ Adult Ed Courses
☐ ☐ Community Relations
☐ ☐ Fundraising/Development
☐ ☐ Havurah
☐ ☐ Layout/Proofreading
☐ ☐ Long Range Planning
☐ ☐ Newsletter (Tablet)
☐ ☐ Publicity/Web Design
☐ ☐ Special Events

Auxiliaries:

- ☐ ☐ Daytimers/Sr. Activities
☐ ☐ Men's Club
☐ ☐ Sisterhood

Additional special skills, interests or talents which might be of assistance to the congregation (carpentry, musical talent, etc.): _____

I/we are interested in being hosted for a Shabbat meal to meet other Har Shalom congregants.

MEMBERSHIP AGREEMENT

I/we understand that, should my/our marital status change, I/we will be expected to notify the synagogue within 30 days and that my/our membership category will change for the current year.

The Building Fund is payable by members beginning at age 36. The Building Fund obligations may be deferred for military personnel for up to two years. If you choose to defer this obligation, the amount of the Building Fund will be at the rate in effect at the time you assume the obligation. There is no Building Fund assessment for members 67 or over.

I/we hereby apply for membership at Har Shalom. I/we agree that, in addition to paying the annual dues, I/we will fulfill my/our Building Fund obligations to the congregation. I/we understand that all school fees are additional. Membership is subject to the approval of the Board of Directors. The membership committee may, at its discretion, verify prior synagogue affiliation. I/we agree to comply with the provisions of the constitution and by-laws of Congregation Har Shalom (available in the synagogue office) and all present and future resolutions, rules and regulations, duly enacted by the Congregation and the Board of Directors.

Signature/Date

Signature/Date

Office use: Date received: _____

FamilyID: _____