



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: _____ Jewish: Y N

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: _____ Home Phone: _____

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: _____ Jewish: Y N

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? _____

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

1: English Name: _____ Married Married Name: _____
Date of Birth (mm/dd/yyyy): ___/___/___ Gender: _____ Jewish: Y N
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 / Special needs of child: _____

2: English Name: _____ Married Married Name: _____
Date of Birth: (mm/dd/yyyy) ___/___/___ Gender: _____ Jewish: Y N
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 / Special needs of child: _____

3: English Name: _____ Married Married Name: _____
Date of Birth (mm/dd/yyyy): ___/___/___ Gender: _____ Jewish: Y N
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 / Special needs 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: _____

