



OHR HATORAH

TOCO HILLS • ATLANTA

קהילת אור התורה

Thank you for your interest in membership at Congregation Ohr HaTorah! If you have any questions about membership, or about the shul in general, please contact Leslie Mallard in the office at 404-315-1417 or leslie@ohrhatorahatl.org for more information.

If you are new to the community or you would like to get to know some of your fellow community members better, OHR HATORAH has a Welcoming Committee here to help you coordinate Shabbat and Yom Tov hospitality and meals! Please email welcoming@ohrhatorahatl.org for assistance.

2056 LaVista Road, Atlanta, Georgia 30329

Phone 404.315.1417 Fax 404.315.1433 www.ohrhatorahatl.org Email: leslie@ohrhatorahatl.org

Our Leadership

| Position | Name | Phone | Email |
|-----------------------------------|-----------------------|----------------|-------------------------------|
| Rabbi | Adam Starr | (404) 315-1417 | rabbi.starr@ohrhatorahatl.org |
| Office Administrator | Leslie Mallard | (404) 315-1417 | leslie@ohrhatorahatl.org |
| Yoetzet Halacha | Tova Warburg Sinensky | (470) 231-5058 | yoetzet@ohrhatorahatl.org |
| Programming and Youth Coordinator | Miriam Seidman | (404) 315-1417 | miriam@ohrhatorahatl.org |

Executive Board

| | | | |
|--------------------------|---|--|--------------------------------|
| President | Raanon Gal | | raanon.gal@gmail.com |
| Executive Vice President | Cheryl Haas | | cheryl.haasgoldstein@gmail.com |
| VP, Finance | Marc Sokol | | sokolm71@gmail.com |
| Past President | Marc Sokol | | sokolm71@gmail.com |
| VP, Operations | Diana Cohen | | diana.r.cohen@gmail.com |
| Secretary | Debra Goldschmidt | | debra.goldschmidt@gmail.com |
| Gabbaim | Eli Geller, Daniel Wenger, Yosef Razin, Hillel Glazer | | gabbais@ohrhatorahatl.org |

Board Members

| | | | |
|---------------|-----------------|---------------|----------------|
| Bart Cohen | Sheila Cohen | Bob David | Noam Green |
| Caroline Gold | Josh Guttman | Adina Jagoda | Marci Joel |
| Bev Lewyn | Sharon Sadinoff | Yehuda Safier | Miriam Shapiro |
| Emma Stein | Rebecca Winter | | |

Membership Chair: Miriam Shapiro— welcoming@ohrhatorahatl.org

Hospitality Chair: Hallie Chasen— hospitality@ohrhatorahatl.org

Senior Engagement Chair: Sheila Cohen—sheila517@comcast.net

Adult Education Chair: Ashley Marx—ashleymarx@gmail.com

OHT Young Professionals Chair: Emma Stein—emmamstein@gmail.com

The OHR HATORAH membership dues run on a fee schedule parallel to our fiscal year of September 1 - August 31. The dues schedule for the 5781 Membership Year is below. If you have any questions we are happy to answer them for you. Please contact our VP of Finance, Marc Sokol at sokolm71@gmail.com.

* You are eligible for the discounted dues amount if you either:

- a) sign up for a monthly payment plan by October 31, 2020 or
- b) commit to pay your dues in full before December 31, 2020

| Member Type | 5781 Full Dues Rate | 5781 Discounted Rate (if paid in full prior to October 31, 2020 or set up through recurring payments) |
|-------------------------------|----------------------------|--|
| Full Member—Family | \$2020 | \$1970 (\$164.17 monthly) |
| Full Member—Single | \$1310 | \$1260 (\$105 monthly) |
| Full Member—Under 30 Family** | \$1135 | \$1095 (\$91.25 monthly) |
| Full Member—Under 30 Single | \$825 | \$785 (\$65.42 monthly) |
| Student Member—Family | \$770 | \$720 (\$60 monthly) |
| Student Member—Single | \$205 | \$185 (\$15.42 monthly) |
| *Associate Member—Family | \$700 | \$680 (\$56.67 monthly) |
| *Associate Member—Single | \$540 | \$515 (\$42.92 monthly) |
| Out of Town Member | \$185 | \$185 |

| | |
|--|---------------------|
| Building Fund (assessed over 5 years) | |
| Members 30 and over | \$2500 over 5 years |
| Members under 30 | \$1500 over 5 years |
| Donor Wall Recognition for a Building Fund Donation \$5000+ | |

* Associate Membership is available to those who are full members in good standing at another synagogue.

** Both Adult Members are under 30 years of age as of Sept. 1, 2020

Category of Membership:

Regular Membership

Full-Time Student Membership

for Family/Couple

New Graduate Membership

Individual

*Associate Membership Full Member at _____

Out-of-Town Membership

* Associate Membership is available to those who are full members in good standing at another synagogue.

Member #1

Member #2

| | Dr. Mr. Mrs. Ms. Rabbi | Dr. Mr. Mrs. Ms. Rabbi |
|--|------------------------|------------------------|
| Title (Circle One) | | |
| First Name | | |
| Middle Name | | |
| Last Name | | |
| Prefer to be called | | |
| Email Address | | |
| Hebrew Name | | |
| Father's Hebrew Name | | |
| Mother's Hebrew Name | | |
| Tribe (Kohen, Levi, Israelite?) | | |
| Date of Birth (DD/MM/YYYY) | | |
| Cell Phone # | | |
| Other Phone | | |
| Occupation | | |
| Company or Firm | | |

MEMBER INFORMATION, CONT'D

Street address _____

City, State, ZIP _____

Home Phone _____

Wedding Anniversary _____

CHILDREN

| Name | Gender | Hebrew Name | Date of Birth | School |
|----------|--------|-------------|---------------|--------|
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| 6. _____ | | | | |

FAMILY YAHRZEITS

| English Name | Hebrew Name | Relationship | Secular Date | Hebrew Date (if known) |
|--------------|-------------|--------------|--------------|------------------------|
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| 6. _____ | | | | |
| 7. _____ | | | | |

MISCELLANEOUS

Applicant #1

Applicant #2

Were you born Jewish?

If not, were you converted?

**When/Where did this
Conversion take place?**

**Rabbi who performed
the conversion?**

If any children are adopted, please provide above information for them also:

FAMILY INTERESTS AND SKILLS

Are you a member of any other Jewish organizations or shuls in Atlanta?

What interests you most about joining OHR HATORAH?

Can anyone in your family lead services or read Torah/Haftorah? (please specify which family member/s and which service/s)

Special talents or skills that you would like to share with us (please specify which family member/s and which skill/s)

Indicate the committees or activities in which members of your family may be interested in participating (put the first name/s of interested family members in the blank to the left):

Committees:

- _____ **Programming**
- _____ **Membership**
- _____ **Fundraising/Finance**
- _____ **Ritual**
- _____ **Youth Activities**
- _____ **Chesed**
- _____ **House & Grounds**
- _____ **Kiddush Setup**
- _____ **Newsletter/Website**

Programs and Activities:

- _____ **Young Couples Club**
- _____ **Singles Events**
- _____ **Learning Jewish Texts**
- _____ **Adult Education**
- _____ **Social Programs**
- _____ **Outings/Cultural Events**
- _____ **Youth Programs**
- _____ **Summer Camp**
- _____ **Hospitality**

Are there other committees or programs that you would like to see at Young Israel?

Do you know others we should contact about our congregation?

Please note that unless you request otherwise, your completed Membership Application will be kept on file in the synagogue office. If there are any items for which you prefer more confidential treatment, you may arrange to provide this information directly to the Rabbi.