



Membership Application

Membership Class Applying For: (Please circle one)

Family
 Benefit
 Single
 Associate*

* An Associate Member must be a full member in another community synagogue.

Applicant Information

Name: (Rabbi, Dr., Mr., Mrs., Ms.)			Home Phone:	
Current Address:			Appt.:	Cell Phone:
City:	State:	Zip:	E-Mail:	
Hebrew Name:	Father's Hebrew Name:		Please circle one: Kohen Levi Yisrael	
Mother's Hebrew Name:		Maternal Grandmother's Hebrew Name:		
Employer:	Position:		Business Phone:	

Spouse Information

Name: (Rabbi, Dr., Mr., Mrs., Ms.)			Other Phone:	
Hebrew Name:	Father's Hebrew Name:		Please circle one: Kohen Levi Yisrael	
Mother's Hebrew Name:		Maternal Grandmother's Hebrew Name:		
Employer:	Position:		Business Phone:	

Children (If more space is needed, please use back of form.)

Name 1:	DOB:	Grade:	School:
Name 2:	DOB:	Grade:	School:
Name 3:	DOB:	Grade:	School:
Name 4:	DOB:	Grade:	School:
Name 5:	DOB:	Grade:	School:

Previous or Current Synagogue Membership

Name of Congregation:			
Address:	City:	State:	Currently Member? Yes No

Community Reference

Rabbinic Reference

Name:	Name:
Address:	Address:
Phone:	Phone:

Yahrzeits (If Applicable)

Name 1:	Hebrew Date:	Relationship:
Name 2:	Hebrew Date:	Relationship:
Name 3:	Hebrew Date:	Relationship:
Name 4:	Hebrew Date:	Relationship:

Signatures

If my membership application to Congregation Ohav Emeth is accepted, I agree to follow its constitution and by-laws.

Signature of Applicant:	Date:
Signature of Spouse:	Date:

Congregation Ohav Emeth Annual Rates as of 1/1/2017

Family Membership Dues	\$850
Benefit Membership Dues	\$875
Single/Student/Divorcee Dues	\$425
Associate Membership Dues	\$300
Building Fund Assessment	\$200
Eruv Fund Assessment	\$36

* Dues for 1st year are 50% of the ongoing rate.

** Building Fund Assessment is waived for 1st year.

*** Any or all dues and assessments may be waived, due to financial hardship.
Please speak with the Rabbi and/or president.