

# Application for Membership



**Our Parents' Traditions, Our Children's Future**

1681 N. Druid Hills Road NE, Atlanta, GA 30319  
404.633.1737 • fax 404.633.5938 • [orveshalom.org](http://orveshalom.org)

## To be completed by adult 1

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Marriage \_\_\_\_\_

Have you been previously married? Yes No

If yes: Deceased Jewish Divorce

Father's English Name \_\_\_\_\_

Father's Hebrew Name \_\_\_\_\_

Is Father a: Kohen Levi Yisroel

Mother's English Name \_\_\_\_\_

Mother's Hebrew Name \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Are both parents Jewish by birth? Yes No

Are you a convert to Judaism Yes No

If yes, please list date of conversion, name and address of officiating Rabbi \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were all male children circumcised: Yes No

## To be completed by adult 2

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Marriage \_\_\_\_\_

Have you been previously married? Yes No

If yes: Deceased Jewish Divorce

Father's English Name \_\_\_\_\_

Father's Hebrew Name \_\_\_\_\_

Is Father a: Kohen Levi Yisroel

Mother's English Name \_\_\_\_\_

Mother's Hebrew Name \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Are both parents Jewish by birth? Yes No

Are you a convert to Judaism Yes No

If yes, please list date of conversion, name and address of officiating Rabbi \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were all male children circumcised: Yes No

How long have you resided in Atlanta? \_\_\_\_\_

Former Synagogue Affiliation \_\_\_\_\_

Date Terminated \_\_\_\_\_

Concurrent Synagogue Affiliation\* Yes No

Name of Synagogue(s) \_\_\_\_\_

Children (18 & under)

Name—English	Name—Hebrew	Date of Birth	Name of School Attending
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Classification of Membership

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Family (35 & over) | <input type="checkbox"/> Family (under 35) | <input type="checkbox"/> Single (35 & over)        | <input type="checkbox"/> Single (under 35) |
| <input type="checkbox"/> Associate*         | <input type="checkbox"/> Out of State      | <input type="checkbox"/> Full Time Student (18-24) |  |

Congregation Or VeShalom’s fiscal year is from January 1—December 31.  
Applications submitted during periods shown below will be billed as follows:

July—September	6 months’ dues—50% dues
October—December	3 months’ dues—25% dues

**DUES ARE PAYABLE UPON RECEIVE OF STATEMENT**

I understand that in addition to my dues, an obligation of membership includes a Building Fund Minimum Pledge of \$500 payable over a five year period beginning the second year of membership.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

Rabbi Joshua Hearshen