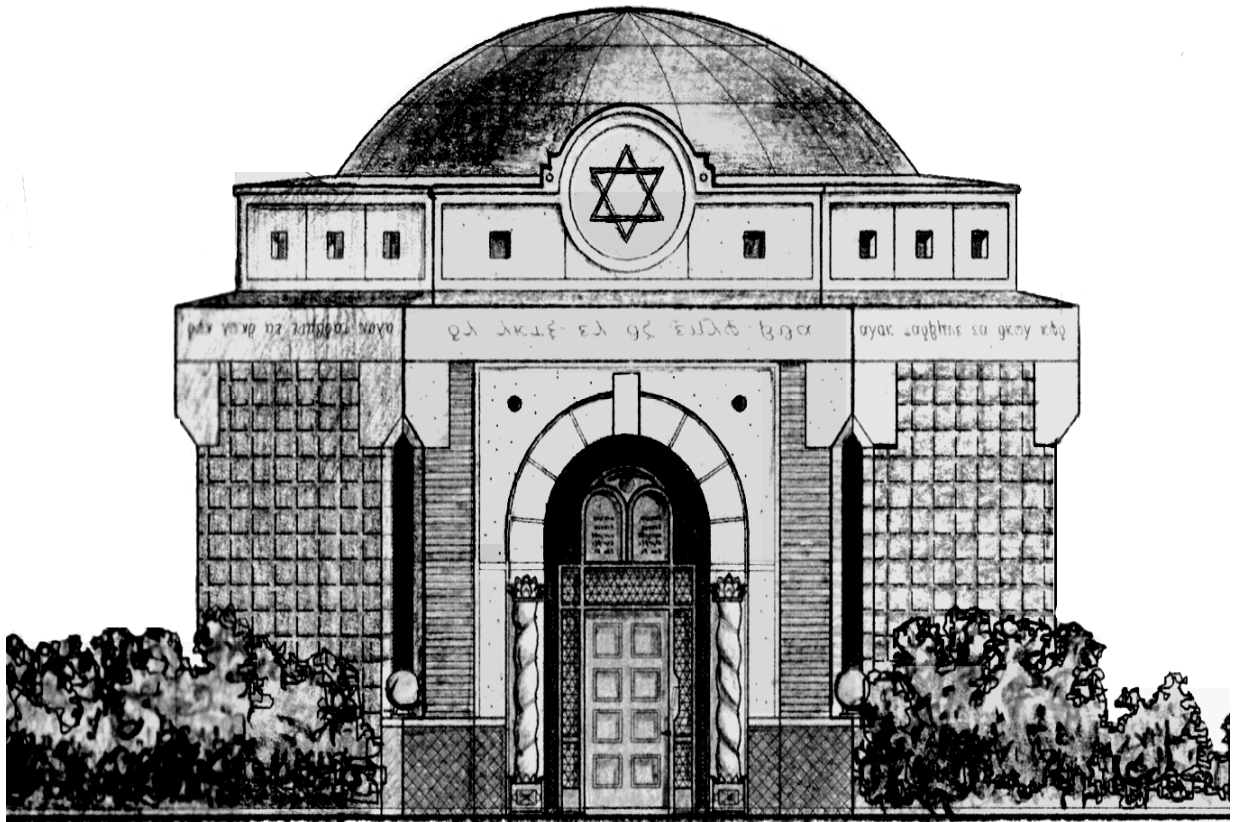


# APPLICATION FOR MEMBERSHIP

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CONGREGATION OR VESHALOM



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

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

To be completed by male member

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

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

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

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

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

Is Father a:  Kohen  Levi  Yisroel

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

Is Father:  Living  Deceased

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

Yahrzeit Date \_\_\_\_\_ AM/PM

Occupation \_\_\_\_\_

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

Firm Name \_\_\_\_\_

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

Firm Address \_\_\_\_\_

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

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

Is Mother:  Living  Deceased

Home # \_\_\_\_\_

Yahrzeit Date \_\_\_\_\_ AM/PM

Home Fax # \_\_\_\_\_

Additional Yahrzeits: (wife, child, brother, sister only)

Home E-Mail Address \_\_\_\_\_

English/Hebrew Name \_\_\_\_\_

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

Yahrzeit Date AM/PM \_\_\_\_\_

Pager # \_\_\_\_\_

English Name/Hebrew Name \_\_\_\_\_

Firm # \_\_\_\_\_

Yahrzeit Date AM/PM \_\_\_\_\_

Firm Fax # \_\_\_\_\_

English/Hebrew Name \_\_\_\_\_

Firm E-Mail Address \_\_\_\_\_

Yahrzeit Date AM/PM \_\_\_\_\_

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

English Name/Hebrew Name \_\_\_\_\_

Yahrzeit Date AM/PM \_\_\_\_\_

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

Are both parents Jewish by birth?  Yes  No

Have you been previously married?  Yes  No

Are you a convert to Judaism?  Yes  No

If yes:  Deceased  Jewish  Divorce

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

\_\_\_\_\_

Were all male children circumcised?  Yes  No

To be completed by female member

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

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

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

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

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

Is Father a:  Kohen  Levi  Yisroel

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

Is Father:  Living  Deceased

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

Yahrzeit Date \_\_\_\_\_ AM/PM

Occupation \_\_\_\_\_

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

Firm Name \_\_\_\_\_

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

Firm Address \_\_\_\_\_

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

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

Is Mother:  Living  Deceased

Home # \_\_\_\_\_

Yahrzeit Date \_\_\_\_\_ AM/PM

Home Fax # \_\_\_\_\_

Additional Yahrzeits: (wife, child, brother, sister only)

Home E-Mail Address \_\_\_\_\_

English/Hebrew Name \_\_\_\_\_

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

Yahrzeit Date AM/PM \_\_\_\_\_

Pager # \_\_\_\_\_

English Name/Hebrew Name \_\_\_\_\_

Firm # \_\_\_\_\_

Yahrzeit Date AM/PM \_\_\_\_\_

Firm Fax # \_\_\_\_\_

English/Hebrew Name \_\_\_\_\_

Firm E-Mail Address \_\_\_\_\_

Yahrzeit Date AM/PM \_\_\_\_\_

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

English Name/Hebrew Name \_\_\_\_\_

Yahrzeit Date AM/PM \_\_\_\_\_

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

Are both parents Jewish by birth?  Yes  No

Have you been previously married?  Yes  No

Are you a convert to Judaism?  Yes  No

If yes:  Deceased  Jewish  Divorce

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 \_\_\_\_\_

Children

Name-English                      Name-Hebrew                      Date of Birth                      Name of School Attending

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Classification of Membership

- Family (35 & over)                       Family (under 35 )                       Single (35 & over)                       Single (under 35)  
 Associate\*                       Out of State                       Full time Student (18-24)

Congregation Or VeShalom's fiscal year is from January 1<sup>st</sup> - December 31<sup>st</sup>.  
Applications submitted during periods shown below will be billed as follows:

January - June	1 year's dues
July - September	6 months' dues
October - December	3 months' dues

**DUES ARE PAYABLE UPON RECEIPT OF STATEMENT**

I understand that in addition to my dues, an obligation of membership includes a Building Fund Minimum Pledge of \$500.00 payable over a five year period beginning the second year of membership.

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

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

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

Rabbi Hayyim Kassorla