

CONGREGATION OHR TORAH MEMBERSHIP

BS"D

Household Information:

Name: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home telephone: (____) _____

E-mail(s): _____

Aliyot/Mishaberach List

(Hebrew names may be provided in Hebrew or transliterated English and should be in the form of *son ben father* and *daughter bat father*. Cholim names are handled separately.):

HUSBAND: Kohen Levi Yisroel

	English Name	Hebrew Name (i.e. husband ben father; wife bat father)
Husband		
Wife		

Children: (continue on the back if more space is required)

Relationship (son, daughter, etc.)	English Name (First name only unless last name is different)	Birth Date (mo/day/yr)	Hebrew Name

Other Relatives (including parents, grandchildren...):

Relationship	English Name	Hebrew Name (i.e. avraham ben adam; sarah bat adam)



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Yahrzeit (Anniversaries of deaths of loved ones): (continue on back if more space is required)

Relationship (husband's father, wife's father, etc.)	English Name (First and Last Name)	Hebrew Yahrzeit or English Date of Death (including year)	Hebrew Name (i.e. avraham ben adam, sarah bat adam)

Please check any areas (committees) where you would like to help:

	Husband	Wife		Husband	Wife
Aesthetics	<input type="checkbox"/>	<input type="checkbox"/>	Programming (Social)	<input type="checkbox"/>	<input type="checkbox"/>
Building	<input type="checkbox"/>	<input type="checkbox"/>	Programming (Adult Education)	<input type="checkbox"/>	<input type="checkbox"/>
Chesed (supports members in times of need)	<input type="checkbox"/>	<input type="checkbox"/>	Publications / Publicity / Technology	<input type="checkbox"/>	<input type="checkbox"/>
Derech Eretz / Decorum / Greeters	<input type="checkbox"/>	<input type="checkbox"/>	Ritual	<input type="checkbox"/>	<input type="checkbox"/>
Dedications/Donations	<input type="checkbox"/>	<input type="checkbox"/>	Security	<input type="checkbox"/>	<input type="checkbox"/>
Financial	<input type="checkbox"/>	<input type="checkbox"/>	Social Hall	<input type="checkbox"/>	<input type="checkbox"/>
Membership/Marketing/ Welcoming	<input type="checkbox"/>	<input type="checkbox"/>	Strategic Planning	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Youth	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Men's Club	<input type="checkbox"/>	<input type="checkbox"/>	Sisterhood	<input type="checkbox"/>	<input type="checkbox"/>

Describe any special skills you would like to offer to the Congregation:

Are there particular topics you would like to learn more about?

I/we hereby apply for membership in Congregation Ohr Torah. I/we agree to abide by and conform to its constitution and by-laws and any subsequent amendments or policies. I/we undertake to make payment in accordance with the present regulations.

Signature

Date

Signature

Date

Please either scan and email this form to: president@congregationohrtorah.org or mail it to: Cong. Ohr Torah, PO Box 6169, West Orange, NJ 07052