

*Traditional Heart • Modern Soul*

## APPLICATION FOR MEMBERSHIP

At Oheb Shalom, we welcome everyone who wishes to participate in Jewish life: singles, couples and families of all forms; all people regardless of age, race, sexual orientation, gender identity or expression; interfaith couples; and individuals with disabilities. Together we continue the rich history of our congregation, which has led the northern New Jersey Jewish community for more than 150 years.

We are delighted that you are joining the Oheb Shalom community, and kindly ask that you provide the data requested below. All information will be kept confidential. Please reach out with any additional questions.

### MEMBER 1

Last Name

First Name

Middle Name

Nickname

Date of Birth

Email

Home Phone

Work Phone

Cell Phone

Preferred Method of Communication

Home Phone
  Cell Phone
  Email

### MEMBER 2

Last Name

First Name

Middle Name

Nickname

Date of Birth

Email

Home Phone

Work Phone

Cell Phone

Preferred Method of Communication

Home Phone
  Cell Phone
  Email

## FAMILY INFORMATION

Street Address

City

State

Zip Code

Marital Status

Single

Married

Partnered

Divorced

Widowed

Date of Anniversary (if applicable)

Please provide the names of relatives who were, or are, Oheb Shalom members and their relationship to you.

## SPECIAL ACCOMMODATIONS

Do you or a family member need special assistance?

Yes

No

If yes, please specify: \_\_\_\_\_

Visual impairment (Large print prayer book)

Hearing impairment

Mobility-challenged

Other: \_\_\_\_\_

## YAHRTZEITS

Please notify me on:

English date

Hebrew date

Name

Relationship

Date of Death (Yahrtzeit Date)

## BACKGROUND INFORMATION

### MEMBER 1

Hebrew Name (if applicable)

Religious Background (check all that apply)

- Conservative       Reform  
 Reconstructionist       Orthodox  
 Secular       Non-Jewish

Are you a Jew by choice? If so, when did you convert?

Were you previously a member of another synagogue? If yes, please give the name and location:

- Yes:        No

Are you able to read Hebrew?

- Yes       No

Would you like to participate in services?

- Yes       No

Occupation

Employer

Work Address

State

Zip Code

Higher Education/School Attended

### MEMBER 2

Hebrew Name (if applicable)

Religious Background (check all that apply)

- Conservative       Reform  
 Reconstructionist       Orthodox  
 Secular       Non-Jewish

Are you a Jew by choice? If so, when did you convert?

Were you previously a member of another synagogue? If yes, please give the name and location:

- Yes:        No

Are you able to read Hebrew?

- Yes       No

Would you like to participate in services?

- Yes       No

Occupation

Employer

Work Address

State

Zip Code

Higher Education/School Attended

## FAMILY INFORMATION

### CHILD 1

Full Name

Nickname

Hebrew Name

Gender Identity

Date of Birth

School

Grade (if applicable)

### CHILD 2

Full Name

Nickname

Hebrew Name

Gender Identity

Date of Birth

School

Grade (if applicable)

### CHILD 3

Full Name

Nickname

Hebrew Name

Gender Identity

Date of Birth

School

Grade (if applicable)

### CHILD 4

Full Name

Nickname

Hebrew Name

Gender Identity

Date of Birth

School

Grade (if applicable)

## GET CONNECTED

Our diverse, inclusive, and engaged membership is Oheb Shalom's greatest strength. Please indicate below which group(s) you would like to know more about. Someone will be in touch to help get you connected.

- |  |   |
|--|---|
| <input type="radio"/> Families with young children       | <input type="radio"/> Adult singles                   |
| <input type="radio"/> Families with school-age children  | <input type="radio"/> New empty nesters (not retired) |
| <input type="radio"/> Young adults/couples (ages 22-45)  | <input type="radio"/> Retirees                        |
| <input type="radio"/> Interfaith couples and/or families | <input type="radio"/> LGBTQ+ couples and/or families  |

## INTERESTS & TALENTS

There are many wonderful opportunities to get involved in the Oheb Shalom community. Help us get to know you by indicating your interests below.

### MEMBER 1

- Outdoor Sports
- Cooking/Baking
- Fundraising/Development
- Event Planning
- Family Worship Services and Activities
- Jewish Studies/Hebrew Language
- Men's Club
- Music/Dance/Voice
- Photography/Video
- Social Action/Tikkun Olam
- Travel/Day Trips
- Weekday Minyan Service
- Miriam Sisterhood
- Youth and Teen Activities

### MEMBER 2

- Outdoor Sports
- Cooking/Baking
- Fundraising/Development
- Event Planning
- Family Worship Services and Activities
- Jewish Studies/Hebrew Language
- Men's Club
- Music/Dance/Voice
- Photography/Video
- Social Action/Tikkun Olam
- Travel/Day Trips
- Weekday Minyan Service
- Miriam Sisterhood
- Youth and Teen Activities

## EMERGENCY CONTACT

Name

Phone

Address

Relationship

## SIGNATURE

Please accept my application for membership in Oheb Shalom Congregation. I agree to contribute the annual membership dues, school tuition (if applicable), assessments, and any other fees as approved by the congregation. Oheb Shalom membership renews annually unless notified in writing.

\_\_\_\_\_  
Signature Member 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Member 2

\_\_\_\_\_  
Date

We respect your right to privacy and therefore are requesting your permission for the following:  
*I give Oheb Shalom permission to use photographs of my family on the synagogue website and in print materials.*

Yes

No

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## FOR OFFICE USE ONLY

Date Approved

Dues/Code

Notes