



CONGREGATION OHR HATORAH

6324 Churchill Way, Dallas, Texas 75230 / (972) 404-8980

MEMBERSHIP FORM

This membership form has been carefully designed to provide information that will help us to be sensitive to the needs of our members. Having complete information will allow us to better serve you at various times (e.g. family celebrations, illness, and death, etc.). All information is for internal Congregation Ohr HaTorah use only. Please take the time to provide all the requested data.

STEP ONE: INFORMATION ABOUT YOU Don't list me in the directory Call me about what to list in the directory

Date _____ Last Name (as you want it to appear in our roster) _____

Address _____ City _____ ZIP _____

Home Phone _____ Email _____

Marital Status: Married (mo/day/yr) _____ Single Widowed Divorced Separated

Emergency Contact _____ Tel _____

Relationship _____

STEP TWO: INFORMATION ABOUT EACH MEMBER

Name Nickname Spouses'sName Nickname

Title (Dr., Mr., etc.) Title (Dr., Mr., etc.)

Date of Birth (mm/dd/yyyy) Birthplace Date of Birth (mm/dd/yyyy) Birthplace

Occupation Specialty Occupation Specialty
I am employed: Full Time Part Time I am employed: Full Time Part Time

Company/Employer Name Company/Employer Name

Business Address Business Address

Business Phone Mobile Phone

Name Nickname

Title (Dr., Mr., etc.) Title (Dr., Mr., etc.)

Date of Birth (mm/dd/yyyy) Birthplace

Occupation Specialty
I am employed: Full Time Part Time

Company/Employer Name

Business Address

Business Phone Mobile Phone

Email Address(es): Personal and/or Business Email

Hebrew Name

Father's H.N. Mother's H.N.

I am a: Cohen Levite Israelite

Business Phone Mobile Phone

Spouses'sName Nickname

Title (Dr., Mr., etc.) Title (Dr., Mr., etc.)

Date of Birth (mm/dd/yyyy) Birthplace

Occupation Specialty
I am employed: Full Time Part Time

Company/Employer Name

Business Address

Business Phone Mobile Phone

Address(es): Personal and/or Business

Hebrew Name

Father's H.N. Mother's H.N.

I am a: Cohen Levite Israelite

STEP THREE: INFORMATION ABOUT YOUR CHILDREN

English Name	Hebrew Name	Gender	Birth Date	Grade	School

STEP FOUR: INFORMATION ABOUT PREVIOUS / CURRENT AFFILIATIONS

Please list previous congregational affiliations _____

Please list current memberships in other congregations _____

Please list current memberships in other Jewish organizations _____

If applicant, spouse, or children have converted to Judaism please attach copies of conversion documents.

STEP FIVE: INFORMATION ABOUT DECEASED FOR YAHRZEIT RECORDS

Name:English/Hebrew	Relationship	To Whom	Date of Death: English/Hebrew

STEP SIX: MEMBERSHIP COMMITMENT

Family Memberships	Individual Memberships	Senior Memberships (one parent/spouse 65 or over)	Associate Memberships
<input type="checkbox"/> \$1450 Family <input type="checkbox"/> \$800 Young Family <small>(one spouse/parent 30 or less)</small> <input type="checkbox"/> \$1800 Chai <input type="checkbox"/> \$2500 Supporter <input type="checkbox"/> \$3600 Partner <input type="checkbox"/> \$5000 Benefactor <input type="checkbox"/> \$10,000 Tzedakah Maven <input type="checkbox"/> \$15,000 Eitz Chaim <input type="checkbox"/> \$ _____ Other	<input type="checkbox"/> \$850 Individual <input type="checkbox"/> \$500 Young Individual <small>(age 30 or less)</small> <input type="checkbox"/> \$1800 Chai <input type="checkbox"/> \$2500 Supporter <input type="checkbox"/> \$3600 Partner <input type="checkbox"/> \$5000 Benefactor <input type="checkbox"/> \$10,000 Tzedakah Maven <input type="checkbox"/> \$15,000 Eitz Chaim <input type="checkbox"/> \$ _____ Other	<input type="checkbox"/> \$650 Senior <input type="checkbox"/> \$1800 Chai <input type="checkbox"/> \$2500 Supporter <input type="checkbox"/> \$3600 Partner <input type="checkbox"/> \$5000 Benefactor <input type="checkbox"/> \$10,000 Tzedakah Maven <input type="checkbox"/> \$15,000 Eitz Chaim <input type="checkbox"/> \$ _____ Other	<input type="checkbox"/> \$250 Associate* [see below] <input type="checkbox"/> \$180 Out of Town Associate <input type="checkbox"/> \$1800 Chai <input type="checkbox"/> \$2500 Supporter <input type="checkbox"/> \$3600 Partner <input type="checkbox"/> \$5000 Benefactor <input type="checkbox"/> \$10,000 Tzedakah Maven <input type="checkbox"/> \$15,000 Eitz Chaim <input type="checkbox"/> \$ _____ Other

Memberships are due and payable on January 1st.

Full payment, or a payment plan, is due by January 1st.

Payment Plans require either four or twelve post-dated checks, or scheduled payments by credit card.

***Associate Memberships are for full members at another Dallas Synagogue:
 [Primary Affiliation: _____/Phone Number: _____]**

Out of Town Associate Memberships are for those residing 150 miles or more from Dallas

AGREEMENT AND SIGNATURE:

I/We hereby apply for membership at Congregation Ohr HaTorah. I/We agree to abide by Congregation Ohr HaTorah, Inc.'s Bylaws [including, but not limited to, Article XXIII, Section 4. Binding Arbitration], policies and regulations, which are available for review upon request. I/We acknowledge that dues, building fund pledges, fees, and other financial obligations to Congregation Ohr HaTorah, Inc. are payable according to its policies. All applications are subject to approval per Congregation Ohr HaTorah, Inc.'s Bylaws. In the event of resignation, I/We will be responsible for all obligations incurred prior to the resignation date.

Member: _____

Date: _____

Spouse: _____

Date: _____

Credit Card Information

[this will be shredded once entered into Ohr's payment system]

Name on Card: _____ **Credit Card Number:** _____

CSC Code _____ **Expiration Date (mm/yy)** _____



Signature: _____

1 single payment 4 equal payments 12 equal payments
\$ _____

Payment amount