

CONGREGATION OHR MOSHE
IN MEMORY OF RAV MOSHE FEINSTEIN ZT"L
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 Hillcrest, NY 11366
 Website: CongOhrMoshe.org

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Membership Application

Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Children: _____

Family Members Hebrew names for Aliyas & Misheberachs (please include both father's name and mother's name for adults).

Yahrtzeits you observe (hebrew names along with their father's hebrew name and hebrew date)

Privacy: Your privacy is of utmost concern to us. The information collected above will be used by the Shul for administrative purposes only. Please advise us as to how you would like to be listed on the Shul Membership List which is published biennially. The list has the following statement on the top: **“THIS LIST IS INTENDED FOR YOUR PERSONAL USE ONLY. IT IS STRICTLY FORBIDDEN TO DISSEMINATE THIS LIST TO ANYONE NOT MENTIONED ON THE LIST.”**

- Please Do Not List Us On The Shul's Membership List
- Please List Our Name, Address, Phone, Fax & Email (you may cross off those that you do not want listed) On The Shul's Membership List

Please advise us if you would like to join our Shul's Email list and/or our Shul's Phone Dialer list.

- Please Include Us In The Shul's Email List
- Please Include Us In The Shul's Phone Dialer List

Type of Membership: Full Membership \$375/year Associate Membership \$218/year
 Associate Membership is intended for those who maintain their main Shul affiliation at another institution. Full Members receive a 10% discount off Yomim Nora'im Seats, while Associate Members receive a 5% discount.

Please make checks payable to Congregation Ohr Moshe. In addition to payment by check, we now offer several electronic payment options (including Credit Cards through PayPal). Please visit our Shul's website for more details at www.CongOhrMoshe.org.