Congregation Torah Ohr
19146 Lyons Road
Boca Raton, FL 33434
Phone: (561) 479-4049
Email: torahohr36@gmail.com

Rabbi Benjamin S. Yasgur
Jonas Waizer, President

For internal Use: Date:____/____/____
☐ Rav ☐ SC ☐ BK ☐ K.P. ☐ Pic ☐ Admin

Membership Application

Adult Male Member

Name _____
First **Last**

Nickname if any _____
Check here if we should use this name ☐

Title _____

Hebrew Name _____

Father's Hebrew Name_____

Mother's Hebrew Name_____
Tribe: ☐ **Kohen** ☐ **Levi** ☐ **Yisrael**

D.O.B. _____ **Hebrew Birthday**_____

Cell Phone _____

Email _____

Have there been any conversions in your direct family line? Yes No (circle one)
If yes, please provide details on the back of this form.

Adult Female Member

Name _____
First **Last**

Nickname if any _____
Check here if we should use this name ☐

Title _____

Hebrew Name _____

Father's Hebrew Name_____

Mother's Hebrew Name_____

D.O.B. _____ **Hebrew Birthday**_____

Cell Phone _____

Email _____

Have there been any conversions in your direct family line? Yes No (circle one)
If yes, please provide details on the back of this form.

Marital Status _____

Receive ALL MAIL at Alternate Address? ☐ **Y** ☐ **N**

Florida Home Address

Annual Start Date at this Address _____

Street _____

City _____ **State** _____

Zip Code _____ **Home Phone** _____

Alternate Address

Annual Start Date at this Address _____

Street _____

City _____ **State** _____

Zip Code _____ **Home Phone**_____

Emergency Contact # 1

Name _____

Phone _____

Relationship _____

Emergency Contact # 2

Name _____

Phone _____

Relationship _____

Membership Agreement

Full Members

__ Individual - $375 per year –Annual Dues **plus** $250 per year **–** Capital repairs for the first 5 years

__ Couple - $750 per year – Annual Dues **plus** $500 per year – Capital repairs for the first 5 years

Associate Membership -- **Associate Membership is available for renters only. Renters may become full members with all rights, privileges and obligations. Renters may also choose to become Associate Members without voting privileges.****

__ Individual - $187.50 per year –Annual Dues, plus $125 – Capital repairs for the first 10 years.

__ Couple - $375 per year – Annual Dues, plus $250 – Capital repairs for the first 10 years.

** Please note that Associate Members have all the rights of Membership except voting privileges and the membership discount for High-Holiday seats. Other privileges include the members' inclusion in the Congregation Telephone Directory, aliyot for men, priority in reserving a place for congregational activities and others.

I/We agree to pay the above rates. Fees for the first year are due in full at the time of joining. Future years will be billed on or about August 1 and payment is expected by Dec. 31. Members who are in arrears are not considered members in good standing and may not be entitled to the Privileges of Membership.

_____ _____

Signature of Member A *Date*

_____ _____

Signature of Member B (if applicable) *Date*

OFFICE USE ONLY:

Date of Payment _____ ***Amount Received*** _____

Form of Payment_____

Office Signature_____ ***Title*** _____

For internal Use:

☐ A.I. ☐ A.M. ☐ F.M. ☐ I.M.

Yahrzeits

Observer's name (you or your spouse)	English name of the deceased (First & Last)	Hebrew name of the deceased (Include Parents' Names)	Relationship (of the deceased to you)

(We can look up the Hebrew date for you, if you are not sure)

English (mm/dd/yyyy)		
_____/_____/_____ ▱ Before ▱ After Sunset	Hebrew	Date_____ Month_____ Year_____

Observer's name (you or your spouse)	English name of the deceased (First & Last)	Hebrew name of the deceased (Include Parents' Names)	Relationship (of the deceased to you)

Date of Death

English (mm/dd/yyyy)		
_____/_____/_____ ▱ Before ▱ After Sunset	Hebrew	Date_____ Month_____ Year_____

Observer's name (you or your spouse)	English name of the deceased (First & Last)	Hebrew name of the deceased (Include Parents' Names)	Relationship (of the deceased to you)

Date of Death

English (mm/dd/yyyy)		
_____/_____/_____ ▱ Before ▱ After Sunset	Hebrew	Date_____ Month_____ Year_____

Observer's name (you or your spouse)	English name of the deceased (First & Last)	Hebrew name of the deceased (Include Parents' Names)	Relationship (of the deceased to you)

Date of Death

English (mm/dd/yyyy)		
_____/_____/_____ ▱ Before ▱ After Sunset	Hebrew	Date_____ Month_____ Year_____

******PLEASE WRITE ALL HEBREW NAMES IN ENGLISH TRANSLITERATION******