# Membership Application

NEW MEMBER ☐
RETURNING MEMBER ☐
JOINING FROM TEMPLE ISRAEL OF SOUTH MERRICK ☐

Congregation Beth Ohr
2550 South Centre Ave. Bellmore, NY 11710
Phone: (516) 781-3072 Web: www.cbohr.org
Email: membership@cbohr.org

## FAMILY LAST NAME _____

MAILING ADDRESS

Street: _____
City: _____ State: _____ Zip: _____
Primary Phone: (_____) _____-_____

## PRIMARY MEMBER 1

First Name: Middle: Last:

Email:

Hebrew Name: Father's Hebrew Name:

Date of Birth: Mother's Hebrew Name:
___/___/_____

Cell: ( ) –
Work: ( ) –

Tribe (please circle): Kohen Levi
Israel Don't Know

I wish to become a member of
Sisterhood / Men's Club Yes No
(first year dues are waived)

I wish to become a member of
Hazak (Social group of 55+ members) Yes No

Previous Jewish Education and/or involvement in Jewish organizations:

_____

Previous Temple Affiliation Name and Dates:

_____

Please Circle: Orthodox Reconstructionist
Conservative Reform

Please Circle: Single Married Divorced Widowed
If Married, Date of Marriage:___/___/_____

Occupation: _____Employer: _____

*Home Address (if different than above)*
Street: _____
Town: _____
City: _____ State: _____ Zip: _____

## PRIMARY MEMBER 2

First Name: Middle: Last:

Email:

Hebrew Name: Father's Hebrew Name:

Date of Birth: Mother's Hebrew Name:
___/___/_____

Cell: ( ) –
Work: ( ) –

Tribe (please circle): Kohen Levi
Israel Don't Know

I wish to become a member of
Sisterhood / Men's Club Yes No
(first year dues are waived)

I wish to become a member of
Hazak (Social group of 55+ members) Yes No

Previous Jewish Education and/or involvement in Jewish organizations:

_____

Previous Temple Affiliation Name and Dates:

_____

Please Circle: Orthodox Reconstructionist
Conservative Reform

Please Circle: Single Married Divorced Widowed
If Married, Date of Marriage:___/___/_____

Occupation: _____Employer: _____

*Home Address (if different than above)*
Street: _____
Town: _____
City: _____ State: _____ Zip: _____

CONGREGATION BETH OHR IS PROUDLY AFFILIATED WITH UNITED SYNAGOGUE OF CONSERVATIVE JUDAISM
VISIT THEM AT WWW.USCJ.ORG USCJ

# PAGE 2 - FAMILY INFORMATION - ALL CHILDREN - INCLUDING ADULT CHILDREN

## CHILD 1

| | |
|---|---|
| First Name: | *Last Name (if different than family name):* |
| Hebrew Name: | Please Circle: Male Female |
| Public School Grade: | Date Birth: _____/_____/_____ |
| School: | Email: _____ @_____ ._____ |

## CHILD 2

| | |
|---|---|
| First Name: | *Last Name (if different than family name):* |
| Hebrew Name: | Please Circle: Male Female |
| Public School Grade: | Date Birth: _____/_____/_____ |
| School: | Email: _____ @_____ ._____ |

## CHILD 3

| | |
|---|---|
| First Name: | *Last Name (if different than family name):* |
| Hebrew Name: | Please Circle: Male Female |
| Public School Grade: | Date Birth: _____/_____/_____ |
| School: | Email: _____ @_____ ._____ |

## CHILD 4

| | |
|---|---|
| First Name: | *Last Name (if different than family name):* |
| Hebrew Name: | Please Circle: Male Female |
| Public School Grade: | Date Birth: _____/_____/_____ |
| School: | Email: _____ @_____ ._____ |

## SPECIAL NEEDS

| Name | Accommodation |
|---|---|
| | |
| | |
| | |

**IF MARRIED:**

IS EITHER SPOUSE JEWISH BY CHOICE? YES NO

IF SO, RABBI SUPERVISING CONVERSION _____

# PAGE 3 - YAHRZEIT INFORMATION

## PRIMARY MEMBER 1

First Name: Last Name:
Hebrew Name:
Relationship to you: Date of Death: _____/_____/_____
Please Circle: Before / After Sundown

First Name: Last Name:
Hebrew Name:
Relationship to you: Date of Death: _____/_____/_____
Please Circle: Before / After Sundown

First Name: Last Name:
Hebrew Name:
Relationship to you: Date of Death: _____/_____/_____
Please Circle: Before / After Sundown

First Name: Last Name:
Hebrew Name:
Relationship to you: Date of Death: _____/_____/_____
Please Circle: Before / After Sundown

## PRIMARY MEMBER 2

First Name: Last Name:
Hebrew Name:
Relationship to you: Date of Death: _____/_____/_____
Please Circle: Before / After Sundown

First Name: Last Name:
Hebrew Name:
Relationship to you: Date of Death: _____/_____/_____
Please Circle: Before / After Sundown

First Name: Last Name:
Hebrew Name:
Relationship to you: Date of Death: _____/_____/_____
Please Circle: Before / After Sundown

First Name: Last Name:
Hebrew Name:
Relationship to you: Date of Death: _____/_____/_____
Please Circle: Before / After Sundown

# PAGE 4 - - GETTING TO KNOW YOU

**PRIMARY MEMBER 1 _____**
(NAME)

1. ARE YOU INTERESTED IN BECOMING AN ADULT BAR / BAT MITZVAH?
   YES NO
2. WOULD YOU LIKE TO LEARN (OR RE-LEARN) TO READ HEBREW?
   YES NO
3. I CAN READ TORAH:
   YES NO
   IF NO, I WANT TO LEARN HOW TO READ TORAH:
   YES NO
4. I CAN READ HAFTORAH:
   YES NO
   IF NO, I WANT TO LEARN HOW TO READ HAFTORAH:
   YES NO
5. I CAN LEAD MAARIV (EVENING SERVICE):
   YES NO
6. I CAN LEAD SCHACHARIT (MORNING SERVICE):
   YES NO
7. I'M INTERESTED IN MEDITATION:
   YES NO
8. I WANT TO VOLUNTEER AT OUR FLEA MARKET:
   YES NO
9. I WOULD LIKE TO HAVE COFFEE WITH OUR RABBI:
   YES NO
10. I WOULD LIKE TO HAVE COFFEE WITH OUR CANTOR:
    YES NO

ACTIVITIES AND INTERESTS:
I / WE WOULD LIKE TO KNOW MORE ABOUT THE FOLLOWING ACTIVITIES: PLEASE CIRCLE

- Membership Fundraising
- House
- Ritual
- Budget and Finance
- Kol Nidre Appeal
- High Holiday Tickets
- Mailings
- Sisterhood
- Mens Club
- Youth

**PRIMARY MEMBER 2 _____**
(NAME)

1. ARE YOU INTERESTED IN BECOMING AN ADULT BAR / BAT MITZVAH?
   YES NO
2. WOULD YOU LIKE TO LEARN (OR RE-LEARN) TO READ HEBREW?
   YES NO
3. I CAN READ TORAH:
   YES NO
   IF NO, I WANT TO LEARN HOW TO READ TORAH:
   YES NO
4. I CAN READ HAFTORAH:
   YES NO
   IF NO, I WANT TO LEARN HOW TO READ HAFTORAH:
   YES NO
5. I CAN LEAD MAARIV (EVENING SERVICE):
   YES NO
6. I CAN LEAD SCHACHARIT (MORNING SERVICE):
   YES NO
7. I'M INTERESTED IN MEDITATION:
   YES NO
8. I WANT TO VOLUNTEER AT OUR FLEA MARKET:
   YES NO
9. I WOULD LIKE TO HAVE COFFEE WITH OUR RABBI:
   YES NO
10. I WOULD LIKE TO HAVE COFFEE WITH OUR CANTOR:
    YES NO

ACTIVITIES AND INTERESTS:
I / WE WOULD LIKE TO KNOW MORE ABOUT THE FOLLOWING ACTIVITIES: PLEASE CIRCLE

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- Mailings
- Sisterhood
- Mens Club
- Youth

## PAGE 5 - CHARGES

### Membership Year _____

Yearly Membership Dues

☐ Family _____

☐ Single _____

☐ Senior Family _____

☐ Senior Single _____

☐ Other _____

Building Fund _____ ($200/year payable over 6 years)

Assessment _____

Sisterhood _____ (waived first year)

Men's Club _____ (waived first year)

Hebrew School _____ _____ _____

**Total** _____

### Additional - To be paid in full

Extra High Holiday Tickets_____ ($100/ticket)

Memorial Plaques _____

Kol Nidre _____

Book of Life _____

Lulav & Etrog _____

**Total** _____

**HOW DID YOU HEAR ABOUT CONGREGATION BETH OHR?** _____

**FOR OFFICE USE ONLY**

**FRONT OFFICE:**

- ☐ TAGGED SISTERHOOD/MEN'S
- ☐ TAGGED HAZAK
- ☐ EMAILED WELCOME
- ☐ EMAILED STAFF
- ☐ ADDED STUDENT LEVELS
- ☐ ADDED TO MAILING LISTS

**BILLING:**

- ☐ PAID DEPOSIT
- ☐ PAYMENT PROCESSED DATE ____/____/_____

# PAGE 6 - AGREEMENT

**THE UNDERSIGNED HEREBY MAKE APPLICATION FOR MEMBERSHIP IN CONGREGATION BETH OHR AND AGREES TO ALL FINANCIAL TERMS AND CONDITIONS OF MEMBERSHIP.**

In consideration of my/our membership in Congregation Beth Ohr, I/we agree to pay all charges for dues, building and other funds, tuition, Bar/Bat Mitzvah fees and assessments upon receipt of regular statements apprising me/us of such. Any payment arrangements other than those detailed above must be made in advance and can be agreed to only by the Finance Committee. I/we understand that no High Holiday tickets will be distributed or students admitted to Sunday/Hebrew School unless my/our account is current. I/we further agree that, as a sustaining member of Congregation Beth Ohr, my/our membership and the terms of payment elected in this agreement shall continue in perpetuity until cancelled. Congregation Beth Ohr shall provide me/us with a statement reflecting the coming year's charges after establishment pursuant to the rules and procedures and shall charge my/our cards/accounts (if applicable) in accordance with my/our election. I/we understand that I/we may cancel my/our membership at any time prior to issuance of my/our High Holiday tickets and my/our account shall be billed or refunded as applicable for all charges accrued pro rata from July 1 to the date of cancellation. I/we further understand that after I/we have received my/our High Holiday tickets, no cancellation for the current fiscal year is possible. All balances that are past-due shall incur a late charge equal to 1% per month on the outstanding balance. Further, in the event that any balance remains unpaid, we reserve the right to retain and attorney to engage in collection of said balance. In that event you will be responsible for all reasonable legal fees incurred in this collection activity. Your use of the services offered by Congregation Beth Ohr shall be deemed your acceptance of these terms and conditions. All payments are applied to satisfy arrearages in preference over current obligations.

**PLEASE INDICATE METHOD OF PAYMENT: (INITIAL)**

1) PAYMENT IN FULL PRIOR TO ROSH HASHANAH _____

2) PAYMENT IN TWO (2) EQUAL ANNUAL INSTALLMENTS DUE:
FIRST PAYMENT DUE JULY 1st AND SECOND PAYMENT DUE DECEMBER 1st _____

3) CREDIT CARD ON FILE AUTHORIZING NINE (9) EQUAL MONTHLY PAYMENTS, COMMENCING JULY 1 _____

_____ _____
Member 1 Member 2

_____
Today's Date

_____ _____
Approved By Financial VP Date Approved

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**(CONFIDENTIAL)**

I hereby authorize Congregation Beth Ohr to charge my credit card pursuant to this agreement:

Name on Card _____ MC Visa AmEx

Card # _____

Expiration Date_____ Security Code_____

One current credit card must be kept on file at the conclusion of the current fiscal year.