

**I/We understand that:**

1. I/We will fulfill all financial obligations as they come due.
2. Membership (other than associate) includes rights such as voting privileges, High Holy Day tickets, subscriptions to print and on-line/e-mail publications, reduced tuition/preferred enrollment at Olam Tikvah Preschool, and admission to the Religious School, and obligations such as supporting minyanim or ushering at Shabbat services.
3. Annual fees at Olam Tikvah consist of membership dues and building fund (until the building fund obligation is fulfilled.) Membership dues are calculated on a fiscal year basis, from July 1 through June 30. Membership does not include preschool or religious school fees. Members joining after November 1 may have their dues pro-rated; tuition may also be pro-rated for students joining the Religious School after that date.
4. Future building fund obligations may be forgiven if a member/family resigns, provided that all financial obligations are current through the date of leaving.
5. Photographs taken of members at synagogue events may be included in synagogue publications or on the synagogue website. Synagogue publications are distributed in print to members and prospective members and are posted on the website. Minors will be identified by name only with written permission of the parents. By signing below, I/we consent to publication of photographs of me/my family and the identification of adults pictured.
6. Personal information collected will be used for synagogue communications. The information will be included in the synagogue directory and may be included in other synagogue publications. The information may be shared with synagogue groups such as the Preschool, Religious School, Men's Club, or Sisterhood. It will not be sold or given to outside organizations.

**Signature(s) of adult member(s):**

Printed Name	
Signature*	Date
Printed Name	
Signature*	Date



**CONGREGATION OLAM TIKVAH**

3800 Glenbrook Road, Fairfax, Virginia 22031  
 Phone: (703) 425-1880 Fax:(703) 425-0835  
 www.olamtikvah.org  
 email: info@olamtikvah.org

**MEMBERSHIP APPLICATION**

Date of Application	<b>FOR OFFICE USE ONLY</b>
Family Name (as you wish to be listed in the Directory)	Membership Category
Street Address	First Year Dues
City/State/Zip	OTRS Tuition
Home Phone ( )	Children's Grades
Cell Phone: Adult 1 ( )	Effective Date
Cell Phone: Adult 2 ( )	
If you do not have a home phone, which cell phone number would you like listed in the Directory? <b>Adult 1</b> or <b>Adult 2</b> (please circle)	
Primary E-Mail*	
Secondary E-Mail*	

Please contact us for information about membership categories and dues. We welcome everyone, regardless of your financial situation. **Ability to pay is not a requirement for membership**, nor does it determine the membership category. We will be happy to discuss special financial arrangements with you and address any concerns you may have. All conversations will be completely confidential. We offer special rates for first-year members. We provide monthly billing as a service or you can pay the full amount with your application (credit card payments accepted).

**Adult 1**  Male  Female

**Title:**  Dr.  Mr.  Mrs.  Ms.  \_\_\_\_\_

English Name	
Hebrew Name	ben/bat
Check as applicable	<input type="checkbox"/> Kohen <input type="checkbox"/> Levi
Birth Date	
Previous Synagogue (name, city/state)	

**Adult 2**  Male  Female

**Title:**  Dr.  Mr.  Mrs.  Ms.  \_\_\_\_\_

English Name	
Hebrew Name	ben/bat
Check as applicable	<input type="checkbox"/> Kohen <input type="checkbox"/> Levi
Birth Date	
Previous Synagogue (name, city/state)	

**Anniversary Date** (if applicable): \_\_\_\_\_

**Are all family members Jewish?**  Yes  No

**Participate and grow with us!** Please indicate your areas of interest. See our web site ([www.olamtikvah.org](http://www.olamtikvah.org)) for more information about each.

Adult 1		Adult 2		Adult 3	
1	2	1	2	1	2
<input type="checkbox"/>	<input type="checkbox"/> ABBA	<input type="checkbox"/>	<input type="checkbox"/> Hazak	<input type="checkbox"/>	<input type="checkbox"/> Safety & Security
<input type="checkbox"/>	<input type="checkbox"/> Adult Educ.	<input type="checkbox"/>	<input type="checkbox"/> Membership	<input type="checkbox"/>	<input type="checkbox"/> Sisterhood
<input type="checkbox"/>	<input type="checkbox"/> Bldg & Grounds	<input type="checkbox"/>	<input type="checkbox"/> Men's Club	<input type="checkbox"/>	<input type="checkbox"/> Social Action
<input type="checkbox"/>	<input type="checkbox"/> Chorale	<input type="checkbox"/>	<input type="checkbox"/> Preschool	<input type="checkbox"/>	<input type="checkbox"/> Ways & Means
<input type="checkbox"/>	<input type="checkbox"/> Education	<input type="checkbox"/>	<input type="checkbox"/> Publicity	<input type="checkbox"/>	<input type="checkbox"/> Young Prof'ls
<input type="checkbox"/>	<input type="checkbox"/> Fine Arts	<input type="checkbox"/>	<input type="checkbox"/> Ritual	<input type="checkbox"/>	<input type="checkbox"/> Youth Groups
<input type="checkbox"/>	<input type="checkbox"/> Leyn Torah	<input type="checkbox"/>	<input type="checkbox"/> Chant Haftarah	<input type="checkbox"/>	<input type="checkbox"/> Lead Services

**Child 1**  Male  Female

English Name		
Hebrew Name	ben/bat	
Birth Date		Current Grade
Will Attend (check all that apply)	<input type="checkbox"/> OT Preschool <input type="checkbox"/> Jewish Day School <input type="checkbox"/> University	<input type="checkbox"/> OT Religious School <input type="checkbox"/> Public/Private School

**Child 2**  Male  Female

English Name		
Hebrew Name	ben/bat	
Birth Date		Current Grade
Will Attend (check all that apply)	<input type="checkbox"/> OT Preschool <input type="checkbox"/> Jewish Day School <input type="checkbox"/> University	<input type="checkbox"/> OT Religious School <input type="checkbox"/> Public/Private School

**Child 3**  Male  Female

English Name		
Hebrew Name	ben/bat	
Birth Date		Current Grade
Will Attend (check all that apply)	<input type="checkbox"/> OT Preschool <input type="checkbox"/> Jewish Day School <input type="checkbox"/> University	<input type="checkbox"/> OT Religious School <input type="checkbox"/> Public/Private School

**Please use a separate sheet of paper to list other children.**