

WELCOME

Membership Application

7310 Park Heights Avenue * Baltimore, MD 21208-5491
Administrative and Religious School Offices: 410-358-0105 * Fax: 410-358-3313
E-mail: tosmail@templeohebshalom.org
Website: www.templeohebshalom.org

Temple Oheb Shalom Membership Agreement

On behalf of the Board of Trustees, Clergy, Staff and the entire Congregation, we welcome you to membership in Temple Oheb Shalom. Please read the information that follows as it will give you a clearer understanding of both our membership policies and fee structure.

Each year, for as long as you wish to maintain a membership, you will be asked to pay such commitments as may be fixed by the Board of Trustees. Commitments and most fees will be billed for the entire year on or about July 1st.

If at any time you find it necessary to terminate your membership, you must inform us in writing, no later than thirty (30) days after the beginning of that new Membership year (July 1).

All member families joining the Congregation are required to pay into a Building Fund unless this has been previously paid to any Reform Congregation. (Please note: the Building Fund starts after one of the members reaches the age of thirty-six). The Building Fund is currently \$2,000.00 for a family, \$1000 for an individual membership. This fee is divided equally over a ten year period. Each year, the portion of the Building Fund due for that year will appear on your bill and must be paid along with your commitment in the Membership year in which it is rendered. The remaining unpaid portion will be billed in subsequent years. Should you find it necessary to leave the Temple prior to completing the Building Fund, you would be responsible only for that portion of the Fund that had been billed to your account up to that time.

Members with children who will be attending the Oheb Shalom Religious School are required to pay a Religious School Registration fee which is set annually by the Board of Trustees. Religious School fees must be paid in full prior to the beginning of sessions, unless other arrangements have been agreed upon with our Finance Committee. Families must be members in good standing, and children must be registered in our Religious School to be eligible for both Bar/Bat Mitzvah and Confirmation. In addition to the Religious School fees, there are Bar/Bat Mitzvah and Confirmation fees, as set by the Board of Trustees.

You may wish to memorialize loved ones with a listing in the *ATONEMENT DAY BOOK* which is distributed at the Memorial Service on Yom Kippur Day. While many of our members do choose to do this, it is optional. Should you wish to participate or to seek further information, please call our Office. The charge for your listings will be reflected on your Temple bill. You may also wish to receive Yahrzeit reminders during the year. If that is the case, please fill in the appropriate blank spaces on our Membership Information Form.

Members joining the Congregation are required to pay one-third of the annual commitment and Building Fund upon joining. The remaining balance may be made in equal monthly installments. **IT IS REQUIRED THAT THE ENTIRE BILL BE PAID IN FULL NO LATER THAN JUNE 30TH OF THE MEMBERSHIP YEAR IN WHICH IT WAS RENDERED** to remain a member in good standing. The timely payment of bills is crucial if Temple Oheb Shalom is to keep its costs and charges in line.

Should any other questions arise regarding your membership in Temple Oheb Shalom, please do not hesitate to contact our Executive Director, Ken Davidson at the Temple Office at 410-358-0105.

Signature of Applicant _____

Date _____

Print Name Please _____

Signature of Applicant _____

Date _____

Print Name Please _____

Date: _____

Thank you for completing this membership form. If, in the process of filling out the form, you have any questions, please do not hesitate to contact Ken Davidson, Executive Director of Temple Oheb Shalom, at 410-358-0105.

PLEASE PRINT OR TYPE ALL INFORMATION

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ E-mail Address: _____

Marital Status (check one):

_____ Married.....Anniversary date: _____ / _____ / _____

_____ Engaged.....Wedding date: _____ / _____ / _____

_____ Domestic Partners

_____ Single

_____ Separated

_____ Divorced

_____ Widowed

Previous family congregation affiliation (check one):

_____ Reform

_____ Conservative

_____ Orthodox

_____ Unaffiliated

_____ Other – please state: _____

MEMBERSHIP INFORMATION, ADULT MEMBER #1

First Name: _____ Date of Birth: ____/____/____

Middle Name: _____ Date of Bar/Bat Mitzvah: ____/____/____

Last Name: _____ Year of Confirmation: _____

Nickname or Informal Name: _____ Hebrew Name: _____

Maiden Name (if applicable): _____

Occupation: _____

If you are retired, what was your occupation? _____

Employer: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ E-mail Address: _____

Are you a Jew by choice? If "yes", please state when and where conversion took place: _____

MEMBERSHIP INFORMATION, ADULT MEMBER #2

First Name: _____ Date of Birth: ____/____/____

Middle Name: _____ Date of Bar/Bat Mitzvah: ____/____/____

Last Name: _____ Year of Confirmation: _____

Nickname or Informal Name: _____ Hebrew Name: _____

Maiden Name (if applicable): _____

Occupation: _____

If you are retired, what was your occupation? _____

Employer: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ E-mail Address: _____

Are you a Jew by choice? If "yes", please state when and where conversion took place: _____

Please indicate the names and birth dates of all of your children and their addresses (if different from your address). If child is married, please include name of spouse.

Name (Spouse if applicable)	Birth Date	Hebrew Name	Address (w/City, State and Zip Code)

Names of family members (other than spouse or children) who belong to Temple Oheb Shalom:

Name	Relationship to you

Deceased members of your family to be included on the Kaddish list:

(In the column marked "Notify", please place an "E" if you wish to be notified by the English date and an "H" if you wish to be notified by the Hebrew date.)

Name of Deceased	Relationship	Month/Day/Year of death	Notify (E or H)

Cemetery Information:

If you own cemetery lots, please fill in the blank spaces below:

Name of cemetery: _____ Address: _____

Name of cemetery: _____ Address: _____

Do you have special funeral instructions? Yes _____ No _____

What is the location of these instructions (i.e. bank, attorney, funeral home)?

_____ If you wish to submit instructions, please notify our Clergy.

