

OHAVI ZEDEK SYNAGOGUE MEMBERSHIP APPLICATION

Please fill in the following information to the best of your ability

ADULT 1 --- Please include me in the membership directory (circle one) Yes No

Full Name:

CURRENT ADDRESS		WINTER ADDRESS (if applicable)	
City, Street, Zip:		City, Street, Zip:	
Home Phone:		Winter Phone:	
Cell Phone:		Occupation:	
e-Mail:		Work Phone:	
Other OZ Relatives:		Work e-Mail:	
Birth Date (MM/DD/YYYY):	Gender: Male Female	Emergency Contact Name:	Emergency Contact Phone:
Kohen Levi Israel	Kosher Household Yes No	When might you be available for minyan?	
Hebrew Name:		Parents' Hebrew Names:	
Are you born of a Jewish mother or have you been converted? Yes No			
Interests, hobbies, special talents:			

ADULT 2 --- Please include me in the membership directory (circle one) Yes No

Full Name:

CURRENT ADDRESS		WINTER ADDRESS (if applicable)	
City, Street, Zip:		City, Street, Zip:	
Home Phone		Winter Phone:	
Cell Phone:		Occupation:	
e-Mail:		Work Phone:	
Other OZ Relatives:		Work e-Mail:	
Birth Date (MM/DD/YYYY):	Gender: Male Female	Emergency Contact Name:	Emergency Contact Phone:
Kohen Levi Israel	Kosher Household Yes No	When you might be available for minyan?	
Hebrew Name:		Parents' Hebrew Names:	
Are you born of a Jewish mother or have you been converted? Yes No			
Interest, hobbies, special talents:			

DEPENDENT

Full Name:

Address:		School Name (if applicable):	
City, Street, Zip:		School Address - City, Street, Zip:	
Home Phone:		School Grade:	
Cell Phone:		e-Mail:	
Birth Date (MM/DD/YYYY):	Gender: Male Female	Kohen Levi Israel	

Emergency Contact Name:	Emergency Contact Phone:
Hebrew Name:	Parents Hebrew Names:
Are you born of a Jewish mother or have you been converted? Yes No	
Will the Dependent be attending Hebrew School at OZ? Yes No Graduated Undecided	
If 'Undecided', do you want to be contacted by Hebrew School to discuss enrollment? Yes No	

DEPENDENT

Full Name:	
Address:	School Name (if applicable):
City, Street, Zip:	School Address - City, Street, Zip:
Home Phone:	School Grade:
Cell Phone:	e-Mail:
Birth Date (MM/DD/YYYY):	Gender: Male Female
Kohen Levi Israel	
Emergency Contact Name:	Emergency Contact Phone:
Hebrew Name:	Parents Hebrew Names:
Are you born of a Jewish mother or have you been converted? Yes No	
Will the Dependent be attending Hebrew School at OZ? Yes No Graduated Undecided	
If 'Undecided', do you want to be contacted by Hebrew School to discuss enrollment? Yes No	

Yahrzeits (include the Year)

Name:	Date:	Relationship:	Adult 1 Adult 2
Hebrew Name:	Time: am pm	If p.m., was it after sunset?: Yes No	Location:
Name:	Date:	Relationship:	Adult 1 Adult 2
Hebrew Name:	Time: am pm	If p.m., was it after sunset?: Yes No	Location:
Name:	Date:	Relationship:	Adult 1 Adult 2
Hebrew Name:	Time: am pm	If p.m., was it after sunset?: Yes No	Location:
Name:	Date:	Relationship:	Adult 1 Adult 2
Hebrew Name:	Time: am pm	If p.m., was it after sunset?: Yes No	Location:

Signature – Applicant

Date

FOR OFFICE USE ONLY

Membership Committee Review (Name / Date) _____

Board of Directors Informed (Name / Date) _____

Dues and Fees Confirmed by Executive Director (Name / Date) _____