





# Yahrzeit Observances – Member 1

## **Please Print**

Name of Deceased (English) \_\_\_\_\_

Name of Deceased (Hebrew) \_\_\_\_\_

Relation to You: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Time of Death: \_\_\_\_\_ Sun Up or Sun Down

## **Please Print**

Name of Deceased (English) \_\_\_\_\_

Name of Deceased (Hebrew) \_\_\_\_\_

Relation to You: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Time of Death: \_\_\_\_\_ Sun Up or Sun Down

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Name of Deceased (English) \_\_\_\_\_

Name of Deceased (Hebrew) \_\_\_\_\_

Relation to You: \_\_\_\_\_

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Name of Deceased (English) \_\_\_\_\_

Name of Deceased (Hebrew) \_\_\_\_\_

Relation to You: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Time of Death: \_\_\_\_\_ Sun Up or Sun Down

## Yahrzeit Observances – Member 2

### Please Print

Name of Deceased (English) \_\_\_\_\_

Name of Deceased (Hebrew) \_\_\_\_\_

Relation to You: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Time of Death: \_\_\_\_\_ Sun Up or Sun Down

### Please Print

Name of Deceased (English) \_\_\_\_\_

Name of Deceased (Hebrew) \_\_\_\_\_

Relation to You: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Time of Death: \_\_\_\_\_ Sun Up or Sun Down

### Please Print

Name of Deceased (English) \_\_\_\_\_

Name of Deceased (Hebrew) \_\_\_\_\_

Relation to You: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Time of Death: \_\_\_\_\_ Sun Up or Sun Down

### Please Print

Name of Deceased (English) \_\_\_\_\_

Name of Deceased (Hebrew) \_\_\_\_\_

Relation to You: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Time of Death: \_\_\_\_\_ Sun Up or Sun Down

**Be a part of your synagogue.  
Check below the Activities that interest you:**

<b><u>Name</u></b>	<b><u>Member 1</u></b>	<b><u>Member 2</u></b>
Adult Choir	_____	_____
Adult Education	_____	_____
Bikur Cholim (Visiting the Sick)	_____	_____
Bulletin/Publicity	_____	_____
Chevra Kadisha (Jewish Burial Society)	_____	_____
College Outreach	_____	_____
Family Programming	_____	_____
Finance	_____	_____
Fundraising	_____	_____
House/Building Coordination	_____	_____
Ma'Asim Tovim (Feeding the Homeless)	_____	_____
Membership/Retention	_____	_____
Men's Club	_____	_____
Religious School	_____	_____
Ritual	_____	_____
Seniors	_____	_____
Singles	_____	_____
Sisterhood	_____	_____
Social Action	_____	_____
Yad Squad (Torah Reading)	_____	_____
Youth	_____	_____

Name of Member 1 \_\_\_\_\_ Phone \_\_\_\_\_

Name of Member 2 \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_

**Type of Membership Applied For:**

- | <b>SINGLE</b>                     | <b>FAMILY</b>                     | <b>SINGLE-PARENT<br/>FAMILY</b>   |
|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Under 35 | <input type="checkbox"/> Under 35 | <input type="checkbox"/> Under 35 |
| <input type="checkbox"/> 35-64    | <input type="checkbox"/> 35-64    | <input type="checkbox"/> 35-64    |
| <input type="checkbox"/> 65+      | <input type="checkbox"/> 65+      |                                   |

Will Special Arrangements Be Required?     Yes   or    No

Date \_\_\_\_\_

I hereby apply for Membership in Congregation Ohev Shalom, the first and largest Conservative Synagogue of Orlando, Florida, affiliated with the United Synagogue of Conservative Judaism. If approved, I will abide by the Congregation Ohev Shalom Constitution and By-Laws, and principles upon which it is founded. In connection with this application, the information pertaining to family records is freely furnished. I have left my previous synagogue as a member in good standing.

I am enclosing a check or money order for a minimum of \$180.00 to accompany my application. I promise to pay my annual dues and fees as established by the Finance Committee. The fiscal year runs from May 1 through April 30. One-half of the annual dues and one-half of the building fund and assessment are due prior to the High Holidays in order for tickets to be issued, unless special arrangements have been made. If arrangements are needed, please call the office at (407) 298-4650.

\_\_\_\_\_  
Signature of Applicant

**OFFICE USE ONLY BELOW THIS LINE**

Applicant interviewed on \_\_\_\_\_ by \_\_\_\_\_

Dues set at \$ \_\_\_\_\_ per annum.

Building Fund \$ \_\_\_\_\_ Membership Type: \_\_\_\_\_

Special Notations/Needs \_\_\_\_\_

Approved by \_\_\_\_\_