

# NEW MEMBERSHIP FORM

## JULY 1, 2011 - JUNE 30, 2012

This membership form has been carefully designed to provide information that will help us to be sensitive to the needs of our members. Having complete information will allow us to better serve you at various times (e.g., B'nei Mitzvah, marriage, birth, illness, death, etc.). **All information is for internal Ohr HaTorah use only.** Please take the time to provide all of the requested data. Thank you.  
**Please Note: Your Membership will begin once you have received both verbal and written communication from the Ohr HaTorah office. If you do not receive both verbal and written communication from us within one week, please call.**

### Step 1: Information About You and/or Your Family

Date \_\_\_\_\_

Family Last Name (as you want it to appear in our roster) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_

Marital Status:  Married (mth/day/yr) \_\_\_\_\_  Single  Widowed  Divorced  Separated

Emergency Contact \_\_\_\_\_ Tel \_\_\_\_\_

Relationship \_\_\_\_\_

### Step 2: Information About Each Member

Male Member Name \_\_\_\_\_ Nickname \_\_\_\_\_

Title (Dr., Mr., etc.) \_\_\_\_\_ Blood Type \_\_\_\_\_

Date of Birth (mth/day/yr) \_\_\_\_\_ Birthplace \_\_\_\_\_

Occupation/Profession (i.e., doctor or lawyer) \_\_\_\_\_ Specialty (i.e., brain surgeon or corporate law) \_\_\_\_\_

I am employed:  full time  part time

Firm Name/Name of Employer \_\_\_\_\_

Type of Business \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Email Address(es) - Personal and/or Business \_\_\_\_\_

Cellular Phone \_\_\_\_\_ Pager Number \_\_\_\_\_

Hebrew Name (e.g. Moses ben [son of] Sarah v' [and] Shmuel) \_\_\_\_\_

Religious tradition in which you were raised \_\_\_\_\_

Jewish  Yes  No  Born  Converted

Female Member Name \_\_\_\_\_ Nickname \_\_\_\_\_ Maiden \_\_\_\_\_

Title (Dr., Mrs., Ms., etc.) \_\_\_\_\_ Blood Type \_\_\_\_\_

Date of Birth (mth/day/yr) \_\_\_\_\_ Birthplace \_\_\_\_\_

Occupation/Profession (i.e., doctor or lawyer) \_\_\_\_\_ Specialty (i.e., brain surgeon or corporate law) \_\_\_\_\_

I am employed:  full time  part time

Firm Name/Name of Employer \_\_\_\_\_

Type of Business \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Email Address(es) - Personal and/or Business \_\_\_\_\_

Cellular Phone \_\_\_\_\_ Pager Number \_\_\_\_\_

Hebrew Name (e.g. Rachel bat [daughter of] Sarah v' [and] Shmuel) \_\_\_\_\_

Religious tradition in which you were raised \_\_\_\_\_

Jewish  Yes  No  Born  Converted

**Step 3: Information About Your Children (Please fill in even if your children are of adult age)**

Name	Hebrew Name	Sex	Birthdate	Grade	Enroll in OHT Religious School?
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please send me Religious School registration packets for  child(ren)

**Step 4: Previous / Current Affiliations**

Please list previous congregational affiliations \_\_\_\_\_

Please list current memberships in other congregations \_\_\_\_\_

Please list current memberships in other Jewish organizations \_\_\_\_\_

**Step 5: Information About Deceased Loved Ones for Yahrzeit Records**

Name	Relationship	To Whom	Secular Date of Death (mth/day/yr)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Step 6: Please Attach a Family Portrait or Pictures of All Family Members with Names**

Photographs make it easier for us to match names with faces so we can get to know you better. If you do not have a photo, please send in your forms now and your photo at a later date.

## Step 7: Financial Worksheet

Your membership entitles you to High Holy Days tickets.

Tickets will be mailed to you after we receive your completed membership form, payment and the High Holy Days Ticket Request Form.

### Annual Minimum Tzedakah

### One Payment Option

### Semi-Annual Option

- |  |             |  |
|--|-------------|--|
| <input type="checkbox"/> <b>FAMILY</b><br>(includes children up to age 22) | \$2,590* OR | 2 payments of \$1,395<br>(one payment due w/application & one payment due Dec. 1**)      |
| <input type="checkbox"/> <b>INDIVIDUAL</b>                                 | \$2,060* OR | 2 payments of \$1,130<br>(one payment due w/application & one payment due Dec. 1**)      |
| <input type="checkbox"/> <b>YOUNG ADULT I (29-32 years old)</b>            | \$400*      | Single or Couple<br>(both must be within age range)                                      |
| <input type="checkbox"/> <b>YOUNG ADULT II (23-28 years old)</b>           | \$265*      | Single or Couple<br>(both must be within age range)                                      |
| <input type="checkbox"/> <b>STUDENT</b><br>(up to 28 years old)            | \$100*      | Student must be full-time<br>(at an accredited university and not employed full-time***) |

\* Tzedakah commitments are tax-deductible and non-refundable. Reduced membership dues are available to those in need. Please complete this form and a Special Membership Request Form (available on our website) and return to OHT. For more information, contact Cheryl at the OHT office, ext. 205.

\*\* Please ensure second installment payment by enclosing a post-dated check or by providing a credit card number that will be charged on 12/1/11.

\*\*\*Copy of current student ID must be sent with application.

(Box 1)

### Building Fund Commitment (mandatory)

- FAMILY** \$500       **INDIVIDUAL** \$300

(Box 2)

### Religious School Tuition - (if applicable)

- FROM RELIGIOUS SCHOOL FINANCIAL WORKSHEET**

(Box 3)

### SCRIP - Mandatory - see enclosed SCRIP information sheet

- FAMILY** \$100\*\*       **INDIVIDUAL** \$50\*\*       **YOUNG ADULT I and II** \$50\*\*

\*\* Your deposit is required in case you do not meet your minimum SCRIP purchase for the year. If you do not meet your minimum yearly SCRIP purchase, your deposit will be credited as a tax-deductible contribution. For ordering and pick-up arrangements, please see the enclosed SCRIP information sheet.

Mandatory deposit

(Box 4)

### Giving Opportunities

- Annual Giving Campaign** (optional - For more information please visit [www.ohratorah.org](http://www.ohratorah.org))

(Box 5)

- Building Improvements** (naming opportunities available)

(Box 6)

### Summary

- AIPAC Dues \$50.00 or \$100.00** (optional - For more information please visit [www.aipac.org](http://www.aipac.org))

(Box 7)

- ARZA Dues \$36.00**,  **MERCAZ Dues \$36.00** (Please indicate which one or both)

(Box 8)

(optional - For more information please visit [www.arza.org](http://www.arza.org), or [www.mercazusa.org](http://www.mercazusa.org))

**TOTAL DUE (Boxes 1 through 8)**

I / We agree to pay the total amount due by the applicable due date(s).

Signature 1 \_\_\_\_\_

Signature 2 \_\_\_\_\_

Please select one of the following payment options:

- I am paying in full by enclosed check or by credit card below. I authorize payment of my dues for 2011/2012 against the below referenced credit card.

- I am selecting the 2 payment option. I am paying half now (check or credit card), and authorize the second half of my dues to be charged to my credit card below on December 1, 2011.

**Visa**  **MC**      Card Number \_\_\_\_\_ Expires \_\_\_\_ / \_\_\_\_

Billing Zip Code \_\_\_\_\_

Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_ (3% service charge applies)