



Ohr Kodesh Congregation

8300 Meadowbrook Lane * Chevy Chase, MD 20815 * 301-589-3880 * Fax: 301-495-4801

Membership Application

- Your membership will be activated when we receive this form. You may send a hard copy to the address above, fax it, or send a pdf to Membership@OhrKodesh.org.

Ohr Kodesh seeks to ensure that financial circumstances will not be an impediment to membership. If you want our executive director to contact you to confidentially discuss this, please check this box (or contact him/her directly):

HOUSEHOLD ADDRESS: _____ CITY _____ STATE _____ ZIP CODE _____ HOME PHONE _____

Adult/Member 1: Last Name _____ First Name _____ M.I. _____ Work Phone _____ Cell Phone _____ E-Mail Address _____

Occupation/Employer: _____ Work Address: _____

Date of Birth: ____/____/____ Marital Status: _____ Wedding Anniversary: ____/____/____

Jewish by: ____ birth ____ by conversion Bar/Bat Mitzvah Parashah: _____

Hebrew Name (in transliteration): _____ Hebrew Name of Parent(s): _____

I can participate in services in the following ways (mark with a "Y") OR I would like to learn how to... (mark with an "L"):

- ____ Receive an *aliyah* (chant blessings) [I am a ... ____ *Kohein* ____ *Levi*]
- ____ Chant *haftarah* ____ Read from the Torah ____ Read *Megillot*
- ____ Lead a daily service ____ Lead a *Shabbat* service ____ Present a *d'var Torah*

Adult/Member 2: Last Name _____ First Name _____ M.I. _____ Work Phone _____ Cell Phone _____ E-Mail Address _____

Occupation/Employer: _____ Work Address: _____

Date of Birth: ____/____/____

Jewish by: ____ birth ____ by conversion Bar/Bat Mitzvah Parashah: _____

Hebrew Name (in transliteration): _____ Hebrew Name of Parent(s): _____

I can participate in services in the following ways (mark with a "Y") OR I would like to learn how to... (mark with an "L"):

- ____ Receive an *aliyah* (chant blessings) [I am a ... ____ *Kohein* ____ *Levi*]
- ____ Chant *haftarah* ____ Read from the Torah ____ Read *Megillot*
- ____ Lead a daily service ____ Lead a *Shabbat* service ____ Present a *d'var Torah*

Please list all others residing at this household address:

____/____/____ Relationship to Adult Member(s):

Family Member 1: Last Name _____ First Name _____ M.I. _____ Date of Birth _____ Parent Child of Member Other: _____

Nickname: _____ Hebrew Name (transliteration): _____

E-Mail Address: _____ If child: School Grade: _____ School: _____

____/____/____ Relationship to Adult/Member(s):

Family Member 2: Last Name _____ First Name _____ M.I. _____ Date of Birth _____ Parent Child of Member Other: _____

Nickname: _____ Hebrew Name (transliteration): _____

E-Mail Address: _____ If child: School Grade: _____ School: _____

____/____/____ Relationship to Adult/Member(s):

Family Member 3: Last Name _____ First Name _____ M.I. _____ Date of Birth _____ Parent Child of Member Other: _____

Nickname: _____ Hebrew Name (transliteration): _____

E-Mail Address: _____ If child: School Grade: _____ School: _____

____/____/____ Relationship to Adult/Member(s):

Family Member 4: Last Name _____ First Name _____ M.I. _____ Date of Birth _____ Parent Child of Member Other: _____

Nickname: _____ Hebrew Name (transliteration): _____

E-Mail Address: _____ If child: School Grade: _____ School: _____

SPECIAL NEEDS: Does any member of your household have any special needs that you would like to make us aware of:



FAMILY YAHRZEITS:

Ohr Kodesh will offer reminders of the dates of the *yahrzeit* observances for your loved ones. Please indicate the names below:

Name(s) of Departed:	Relationship to Adult 1/Adult 2	English Date of Death	Hebrew Day/Month
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

OHR KODESH YOUTH GROUPS:

We would like to encourage the participation of your children in our various youth group activities at Ohr Kodesh. Please check below if you would like to enroll your child(ren). (Annual dues vary; for current information, please contact us.)

- _____ **Bonim** (Pre-K – 2nd Grade) _____ **Machar** (Grades 3-5)
 _____ **Kadima** (Grades 6-8) _____ **USY** (Grades 9-12)

OHR KODESH COMMITTEES & PROGRAMS:

If we would like information about the following committees and programs at Ohr Kodesh. Check the boxes below:

- | | | | |
|--------------------------|--|--------------------------|---|
| Adult 1 | Adult 2 | Adult 1 | Adult 2 |
| <input type="checkbox"/> | <input type="checkbox"/> Adult Jewish Education Committee | <input type="checkbox"/> | <input type="checkbox"/> Membership Committee |
| <input type="checkbox"/> | <input type="checkbox"/> Book Club | <input type="checkbox"/> | <input type="checkbox"/> Mentsch (Men's) Club |
| <input type="checkbox"/> | <input type="checkbox"/> Budget Committee | <input type="checkbox"/> | <input type="checkbox"/> Music & Arts Committee |
| <input type="checkbox"/> | <input type="checkbox"/> Bulletin/Communications/Website | <input type="checkbox"/> | <input type="checkbox"/> Planned Giving/Legacy Gifts |
| <input type="checkbox"/> | <input type="checkbox"/> Chesed (Caring) Committee | <input type="checkbox"/> | <input type="checkbox"/> Play Dates (for families w. young children) |
| <input type="checkbox"/> | <input type="checkbox"/> Chevra Kadisha (Funeral Practices) | <input type="checkbox"/> | <input type="checkbox"/> Religious Activities Committee |
| <input type="checkbox"/> | <input type="checkbox"/> Choir | <input type="checkbox"/> | <input type="checkbox"/> Religious School |
| <input type="checkbox"/> | <input type="checkbox"/> Early Childhood Center | <input type="checkbox"/> | <input type="checkbox"/> Retirees/Older Adults Group (HAZAK) |
| <input type="checkbox"/> | <input type="checkbox"/> Fun(d)-raising Committee | <input type="checkbox"/> | <input type="checkbox"/> Retreat Committee |
| <input type="checkbox"/> | <input type="checkbox"/> House Committee (Facility Upkeep) | <input type="checkbox"/> | <input type="checkbox"/> Rosh Chodesh Programs (monthly) |
| <input type="checkbox"/> | <input type="checkbox"/> Investment Committee | <input type="checkbox"/> | <input type="checkbox"/> Safety & Security Committee |
| <input type="checkbox"/> | <input type="checkbox"/> Israel Committee | <input type="checkbox"/> | <input type="checkbox"/> Social Action Committee |
| <input type="checkbox"/> | <input type="checkbox"/> Kiddush Committee | <input type="checkbox"/> | <input type="checkbox"/> Youth & Family Activity Committee |

Other Personal Interests/Hobbies: _____

How did you learn about Ohr Kodesh? _____

If you previously belonged to a synagogue, name and location: _____

Would you like to receive our monthly newsletter by: Email Hard copy

Date Received: ____/____/____