



CONGREGATION OHR TORAH

48 Edgemount Road Edison, NJ 08817

www.ohrtorah.net

membership@ohrtorah.net

MEMBERSHIP FORM

DATE: _____

- MEMBERSHIP CATEGORY (check one):
- FULL MEMBER - FAMILY - \$1,050.00
 - FULL MEMBER - SINGLE - \$650.00
 - ASSOCIATE MEMBER - \$250.00. Must be full member of another shul, please list here: _____
 - SENIOR CITIZEN FULL MEMBER - COUPLE - \$650.00
 - SENIOR CITIZEN FULL MEMBER - SINGLE - \$325.00

Applicant Information:

TITLE (Mr., Mrs., Rabbi, Doctor, etc.)	
FULL NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
HOME TEL. NUMBER	
MOBILE NUMBER	
EMAIL ADDRESS (the address where you would like to receive shul emails)	
ARE YOU CURRENTLY OR HAVE YOU RECENTLY BEEN A MEMBER OF ANY OTHER SHUL (Please list)	

Spouse Information (if applicable):

TITLE (Mr., Mrs., Rabbi, Doctor, etc.)	
FULL NAME	
EMAIL ADDRESS (the address where you would like to receive shul emails)	
MOBILE NUMBER	

Note: Contact Information will be published in the shul directory unless otherwise requested in writing by member.

FAMILY INFORMATION:

	English Name	Hebrew Name (include father and mother)	Date of Birth	Kohen/Levi/Yisroel	Bar Mitzvah Parsha
Husband					
Wife					
Child					
Child					
Child					
Child					
Child					
Child					

YAHRTZEITS:

Hebrew Name	Date	Relationship

Please inform us in what capacity you would like to become involved in the shul. Many new members participate in in shul committees, davening, laining, event planning or one of the many other activities in our shul.

As members of Congregation Ohr Torah we understand and agree that we are responsible for the financial obligations associated with our membership and agree to comply with shul policies and by-laws.

Sign here