



**MEMBERSHIP APPLICATION**  
**530 Raleigh Avenue**  
**Norfolk, VA 23507**

Application date \_\_\_\_\_

Welcome to Ohef Sholom Temple! We are delighted you have chosen to become part of our community. We hope that you will find membership an enriching experience and encourage you to explore the diverse opportunities for Jewish expression that Ohef Sholom Temple offers. Please call upon our Clergy, Staff, and Lay Leaders whenever we can assist you in becoming part of our Ohef Sholom Temple family. All information in this application will be treated confidentially. Please call our office at **757-625-4295** if you have any questions or need assistance in filling out this application.

**Personal Information**

	<b>ADULT APPLICANT 1</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>ADULT APPLICANT 2</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____
Full Name (first, middle, last)		
By what first name do you wish to be addressed (if different from above)?		
Personal Status	<input type="checkbox"/> Single <input type="checkbox"/> Married _____ (date) <input type="checkbox"/> Other _____	<input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Date of Birth (mm/dd/yyyy)		
Email		
I would like to receive Temple communications via email.	YES/NO	YES/NO
Preferred Phone	No. _____ Type: _____	No. _____ Type: _____
Special Accommodations needed	<input type="checkbox"/> Visual impairment (large print prayer book) <input type="checkbox"/> Auditory impairment (assisted hearing devices) <input type="checkbox"/> Physically challenged <input type="checkbox"/> Other _____	<input type="checkbox"/> Visual impairment (large print prayer book) <input type="checkbox"/> Auditory impairment (assisted hearing devices) <input type="checkbox"/> Physically challenged <input type="checkbox"/> Other _____

**Contact Information**

How would you like your name(s) to appear on Temple mailings? We will do our best to accommodate your request within system capabilities.

Name(s): \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (if applicable): \_\_\_\_\_

## Religious Background

	Adult Applicant 1	Adult Applicant 2
Religious background	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Non-Jewish <input type="checkbox"/> Other-Christian <input type="checkbox"/> Jewish by Choice <input type="checkbox"/> Other _____	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Non-Jewish <input type="checkbox"/> Other-Christian <input type="checkbox"/> Jewish by Choice <input type="checkbox"/> Other _____
Congregation most recently or currently affiliated with		
Please list any relatives who are OST members		

## Business Information (optional)

	Adult Applicant 1	Adult Applicant 2
Please note Active Military		
Occupation/Title		
Area of specialization		
Employer		

## Yahrzeit Information

Name	Date of death	Family Relationship	Member A/B

Please attach a separate sheet for additional names.

Check here to request information to order a memorial plaque.

## Children's Information

	Child 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 2 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 3 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 4 <input type="checkbox"/> Male <input type="checkbox"/> Female
Name (first, middle)				
Last name (if different)				
Hebrew name (if known)				
Birth date (mm/dd/yyyy)				
Grade (if applicable)				
Address (if not living with you)				
Will this child be attending OST Religious School?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this child being raised in the Jewish faith?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

If you have more than four children, please attach an additional page.

## Opportunity for Participation

At Ohel Shalom Temple, we believe that joining a congregation is a spiritual and emotional commitment. Joining Committees and Auxiliaries are a wonderful way to meet fellow congregants and see up close what makes our Temple so special. We encourage all congregants to become involved. Let us know what you might be interested in. You will be contacted by a congregation member with more information.

### Committees & Auxiliaries

- |   |   |
|---|---|
| <input type="checkbox"/> Adult Education                  | <input type="checkbox"/> Fundraising              |
| <input type="checkbox"/> Archives & Library               | <input type="checkbox"/> House                    |
| <input type="checkbox"/> Budget                           | <input type="checkbox"/> Long Range Planning      |
| <input type="checkbox"/> Caring                           | <input type="checkbox"/> Membership               |
| • Eco-Judaism   | <input type="checkbox"/> Men's Club               |
| • Military Support & Outreach                             | <input type="checkbox"/> OST Youth                |
| • Tzedakah Quilting Group                                 | <input type="checkbox"/> Scholarships             |
| • Shalom (Greeters)                                       | <input type="checkbox"/> Sisterhood               |
| • Soup Kitchen  | <input type="checkbox"/> Special Needs & Security |
| • Tikvah (Helping the Sick & Bereaved)                    | <input type="checkbox"/> Torah Study              |
| <input type="checkbox"/> Dues                             | <input type="checkbox"/> Worship                  |
| <input type="checkbox"/> Family Learning/Religious School |   |

### Other

- Accounting
- Assisting with office work
- Assist with leading Services
- Bar/Bat Mitzvah Tutoring
- Children's Programming
- Judaica Shop
- Foundation//Endowment

## Talent and Interest Survey

What are your passions? What are your interests?

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Art            | <input type="checkbox"/> Cultural Events | <input type="checkbox"/> Gardening       | <input type="checkbox"/> Sports                   |
| <input type="checkbox"/> Baking/Cooking | <input type="checkbox"/> Dance           | <input type="checkbox"/> Music           | <input type="checkbox"/> Travel                   |
| <input type="checkbox"/> Crafts         | <input type="checkbox"/> Decorating      | <input type="checkbox"/> Sewing/Quilting | <input type="checkbox"/> Writing/Public Relations |
| <input type="checkbox"/> Other: _____   |  |  |   |

## Financial Commitment

- Single Membership - \$1,375
- Family Membership - \$2,040
- Under 30 - Free
- I'd like to discuss my options (we will follow up with you)
- I'd like to be a ***Pillar of the Temple***\* at the following level:
  - Young Lions** (Under 30) .....\$500
  - Defenders of the Temple** (individual)... \$1,800
  - Cornerstone of the Temple** ..... \$2,700
  - Defenders of the Ark** ..... \$3,600
  - Protectors of the Torah** ..... \$5,400
  - Keepers of the Flame** ..... \$7,200
  - Guardians of the Temple** ..... \$9,000

\*A ***Pillar of the Temple*** voluntarily pays above-standard membership dues, enabling us to honor our mission of being "A House of Prayer for All Peoples," regardless of financial ability.

## Billing Preferences

**Our Fiscal Year runs from June 1 to May 31.**

**I'd like to be billed**  Monthly  Quarterly (June, Sept, Dec, March)  Annually in the month of \_\_\_\_\_

Please MAIL my statements to my HOME ADDRESS

Please EMAIL my statement to \_\_\_\_\_

Please send my bill to a third party:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip Code: \_\_\_\_\_

## Payment Preferences

- Preferred Method:** Sign me up for **automatic draft** (ACH) from my checking account on the 15<sup>th</sup> of the month.  
(Please attach a voided check)
- I would like to pay with a credit card. I will call the office with my card number.  
(Please note that a 3% service charge will be added to your total for all credit card charges.)

## Signatures

I/We hereby apply for membership to Ohef Sholom Temple. I/We agree to fulfill our financial requirements for membership and to maintain our obligation for future years.

**Applicant 1:** I, \_\_\_\_\_, am applying to become a member of Ohef Sholom Temple.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Applicant 2:** I, \_\_\_\_\_, am applying to become a member of Ohef Sholom Temple.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Ohef Sholom Website Opt-Out Agreement

I have reviewed the attached Website/Social Media Opt-Out Agreement YES/NO (Circle one)

## United Jewish Federation of Tidewater

Can we share your name with the United Jewish Federation's community concierge so that you can be informed of the area's Jewish events and receive the *Jewish News*? YES/NO (Circle one)