



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

	ADULT APPLICANT 1	ADULT APPLICANT 2
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)		
Please identify gender and preferred pronouns		
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 bulletin via mail or email.	<input type="checkbox"/> Mail <input type="checkbox"/> Email	<input type="checkbox"/> Mail <input type="checkbox"/> Email
Preferred Phone	No. _____ Type: _____	No. _____ Type: _____

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)

Please note Active Military	Adult Applicant 1	Adult Applicant 2
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	Child 2	Child 3	Child 4
Name (first, middle)				
Last name (if different)				
Hebrew name (if known)				
Gender and preferred pronouns				
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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"/> Military Outreach |
| <input type="checkbox"/> Archives & Library | <input type="checkbox"/> Mitzvah Projects |
| <input type="checkbox"/> Budget | <input type="checkbox"/> Program Planning |
| <input type="checkbox"/> Caring | <input type="checkbox"/> Quilting |
| <input type="checkbox"/> Choir | <input type="checkbox"/> Religious School/Parent Partners |
| <input type="checkbox"/> EcoJudaism | <input type="checkbox"/> Shalom Greeters |
| <input type="checkbox"/> Engagement Committee | <input type="checkbox"/> Sisterhood |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Soup Kitchen |
| <input type="checkbox"/> House | <input type="checkbox"/> Torah Study |
| <input type="checkbox"/> Men's Club | <input type="checkbox"/> Worship/Music |

Other

- ☐ Assist in office
☐ Assist with leading services

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 - \$1,700
- ☐ Family Membership - \$2,400
- ☐ Under 30 - Free
- ☐ I'd like to be a ***Pillar of the Temple**** at the following level:

- ☐ **Young Lions** (Under 30)\$800
- ☐ **Defenders of the Temple** (individual)... \$2,300
- ☐ **Cornerstone of the Temple** \$3,300
- ☐ **Defenders of the Ark** \$4,300
- ☐ **Protectors of the Torah** \$6,300
- ☐ **Keepers of the Flame** \$7,800
- ☐ **Guardians of the Temple** \$9,300

*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.

All households are assessed a \$150 security fee to help cover the rising cost of security.

Payment Preferences

Our Fiscal Year runs June 1 to May 31.

Everyone is billed annually based on our fiscal year. Payments can be made incrementally (e.g., semi-annual, quarterly, monthly). Statements will be sent at the beginning of each month to anyone with an open balance.

- ☐ Please MAIL my statements to my HOME ADDRESS
- ☐ Please EMAIL my statement to _____

Checks can be sent to the office made out to “OST” with “dues” in the memo section.

- ☐ Sign up for **automatic draft** (ACH) from my checking account. (*Please attach a voided check*)
- ☐ I would like to pay with a credit card. (*Please note that a 3% service charge will be added to your total for all credit card charges.*) Card No: _____ Exp _____ CVV _____

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 _____