

# OHR HATORAH

## APPLICATION FOR MEMBERSHIP

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

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

Physical Address  
(if different from above): \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Anniversary Date: \_\_\_\_\_

Member 1:

Member 2:

Jewish by birth: Yes \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Indicate Kohen/Levi/Yisroel: \_\_\_\_\_

Secular Birthday(Mo./Day/Yr): \_\_\_\_\_

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

Father's Hebrew name: \_\_\_\_\_

Mother's Hebrew name: \_\_\_\_\_

Have there been any adoptions or conversions in your family ? \_\_\_\_\_

**\* \* Note: In event of any adoptions or conversions, we are mandated by Jewish law to review related documentation, so please submit all pertinent documents with this application form. \* \***

If you have children, please complete the following:

| Child's English Name | Child's Hebrew Name | Child's Date of Birth |
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If you observe yahrzeit for one or more deceased parents or close relatives, please complete the following:

| Indicate mourner observing yahrzeit | English name of deceased | Relationship to mourner | Secular date of death (Mo./Dy/Yr), incl. daytime or evening | Date yahrzeit observed on Jewish calendar (if known) | Hebrew name of deceased, incl. deceased's father's name |
|-------------------------------------|--------------------------|-------------------------|---|--|---|
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\* \* Note: All applications for membership are subject to prior review for compliance with applicable halachah and Ohr HaTorah's bylaws. \* \*