



CONGREGATION
OHEV SHOLOM
אוהב שלום

**OHEV SHOLOM CONGREGATION
MEMBERSHIP FORM**

DATE _____

NAME: _____ DATE OF BIRTH: _____

SPOUSE: _____ DATE OF BIRTH: _____

ANNIVERSARY DATE: _____

ADDRESS: _____

PHONE (HOME): _____ (WORK/CELL) _____

EMAIL: _____

CHILDREN'S NAMES

NAME: _____ DATE OF BIRTH: _____

NAME: _____ DATE OF BIRTH: _____

NAME: _____ DATE OF BIRTH: _____

NAME: _____ DATE OF BIRTH: _____

MEMBERSHIP TYPE

FAMILY _____ \$1,000

SINGLE _____ \$500

OUT OF TOWN _____ \$300

(will be billed quarterly unless otherwise indicated)

1501 Cherry Street, Williamsport, PA 17701
(570)322-4209



CONGREGATION
OHEV SHOLOM
אוהב שלום

HUSBAND

FIRST NAME _____

HEBREW NAME _____

DATE OF BIRTH _____

KOHEN/LEVI _____

OCCUPATION _____

EMPLOYER _____

CELL PHONE _____

WIFE

CHILDREN DATA

NAME _____ GRADE _____

HEBREW NAME _____

NAME _____ GRADE _____

HEBREW NAME _____

NAME _____ GRADE _____

HEBREW NAME _____



CONGREGATION
OHEV SHOLOM
אוהב שלום

Yahrzeit Data

NAME OF DECEASED _____
HEBREW NAME _____
DATE/TIME OF DEATH _____ RELATIONSHIP TO MEMBER _____

NAME OF DECEASED _____
HEBREW NAME _____
DATE/TIME OF DEATH _____ RELATIONSHIP TO MEMBER _____

NAME OF DECEASED _____
HEBREW NAME _____
DATE/TIME OF DEATH _____ RELATIONSHIP TO MEMBER _____

NAME OF DECEASED _____
HEBREW NAME _____
DATE/TIME OF DEATH _____ RELATIONSHIP TO MEMBER _____

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