

MEMBERSHIP SINGLE/FAMILY RECORD

Welcome to the Oseh Shalom family! Skip any sections that don't apply.

JOINT/SINGLE INFORMATION

Street Address:

City:

State:

Zip:

Preferred Phone:

Anniversary Date:

Member A

Last Name:

Preferred First Name:

Phone:

Email:

Birth date:

Gender/Preferred Pronoun:

Jewish____ Not Jewish____

Occupation:

MEMBER B

Last Name:

Preferred First Name:

Phone:

Email:

Birth date:

Gender/Preferred Pronoun:

Jewish____ Not Jewish____

Occupation:

CHILDREN UNDER AGE 26 (use separate sheet if needed)

	Child 1	Child 2	Child 3	Child 4
Last Name (if different):				
First Name:				
Birth date				
Gender/Preferred Pronoun				
Had Bar/Bat Mitzvah? Y/N				

Yahrzeit (Remembrance) Notification Desired for the Following (use separate sheet if needed)

Deceased name	Observer's Name	Relationship	Date of Death	Before or after sundown if known

SEE OTHER SIDE

If you or your spouse/partner belonged to another congregation(s) as an adult, please let us know its name if known and/or affiliation (reform, conservative, etc.)

How did you find out about Oseh Shalom?

Why did you decide to join Oseh Shalom?

Does anyone in your family have mobility concerns, diet concerns, allergies or other special needs we can work to accommodate?

Would you like to meet with the Religious School Director? Yes _____ No _____

Would you like to meet with one of our Rabbis? Yes _____ No _____
If yes, Rabbi Daria _____ Rabbi Josh _____

Please submit the **Financial Responsibility Form** to complete your application.

Have questions? Talk to our Office Administrator Mark Cook at 301-498-5151.

Please download the completed form and send it to:

osehshalom@oseh-shalom.org

If you prefer, mail or drop off your application to:

Oseh Shalom
7515 Olive Branch Way
Laurel, MD 20707