

Ohev Sholom Talmud Torah Congregation
P.O. Box 1227
Olney, MD 20830
(301) 328 1834

Please print neatly...

MEMBER #1

Family Name _____

First Name _____

Hebrew Name (transliteration) _____

Secular Birth Date _____ Hebrew Birth Date _____

Work Phone _____ Occupation _____

E-mail _____

Cell Phone _____

Fax _____

No. of Children _____

(circle) Kohain Levite Yisrael

MEMBER #2

Family Name _____

First Name _____

Hebrew Name (transliteration) _____

Secular Birth Date _____ Hebrew Birth Date _____

Work Phone _____ Occupation _____

E-mail _____

Cell Phone _____

Fax _____

No. of Children _____

HOME ADDRESS

Street Address _____

City/State/Zip _____

Home Phone _____

Secular Date of Marriage _____

CHILDREN AND OTHER FAMILY MEMBERS

Child's Last Name (1) _____ First Name _____
Hebrew Name (transliteration) _____ Sex M / F _____
Secular Birth Date _____ Hebrew Birth Date _____
Bar/Bat Mitzvah Shabbos Date _____ Torah/Haftorah _____
Portion _____

Child's Last Name (2) _____ First Name _____
Hebrew Name (transliteration) _____ Sex M / F _____
Secular Birth Date _____ Hebrew BirthDate _____
Bar/Bat Mitzvah Shabbos Date _____ Torah/Haftorah _____
Portion _____

Child's Last Name (3) _____ First Name _____
Hebrew Name (transliteration) _____ Sex M / F _____
Secular Birth Date _____ Hebrew Birth Date _____
Bar/Bat Mitzvah Shabbos Date _____ Torah/Haftorah _____
Portion _____

Child's Last Name (4) _____ First Name _____
Hebrew Name (transliteration) _____ Sex M / F _____
Secular Birth Date _____ Hebrew Birth Date _____
Bar/Bat Mitzvah Shabbos Date _____ Torah/Haftorah _____
Portion _____

YARZHEITS

Last Name _____ First Name _____ Relationship _____
Hebrew Name (transliteration) _____

Month/Day/Year of Death (if secular date, note time) _____
Observed By (circle): family member (1) member (2)
Last Name _____ First Name _____ Relationship _____
Hebrew Name (transliteration) _____

Month/Day/Year of Death (if secular date, note time) _____
Observed By (circle): family member (1) member (2)
Last Name _____ First Name _____ Relationship _____
Hebrew Name (transliteration) _____

Month/Day/Year of Death (if secular date, note time) _____
Observed By (circle): family member (1) member (2)
Last Name _____ First Name _____ Relationship _____
Hebrew Name (transliteration) _____

Month/Day/Year of Death (if secular date, note time) _____
Observed By (circle): family member (1) member (2)

If additional room is needed, please complete on the back of this page.

Annual Dues: \$ 1050.00