



Congregation Ohr HaTorah Membership Application

Family Information:

Family Name _____
Husband's First Name _____ Title _____
Hebrew Name for Aliya _____ בן _____
Cohen/Levi/Yisroel (circle one)
Name you would prefer to be called _____

Street Address: _____
City _____ State _____ Zip _____
Telephone # (home) _____ (work phone) _____
(cell phone) _____
(e-mail addresses) _____
Occupation _____

Husband's Father _____ בן _____
Husband's Mother _____ בת _____

Wife's First Name _____ Title _____
Hebrew Name _____ בת _____
Name you would prefer to be called _____
(work phone) _____ (cell phone) _____
(e-mail addresses) _____
Occupation _____

Wife's Father _____ בן _____
Wife's Mother _____ בת _____

| Child's name (age order) | Hebrew Name | Gender | Birthday |
|--------------------------|-------------|--------|----------|
| _____ | _____ | M/F | _____ |
| _____ | _____ | M/F | _____ |
| _____ | _____ | M/F | _____ |
| _____ | _____ | M/F | _____ |
| _____ | _____ | M/F | _____ |
| _____ | _____ | M/F | _____ |
| _____ | _____ | M/F | _____ |

****Please indicate if you would like the age/s of your child or children listed in the shul directory _____ Yes or _____ No

| Yahrzeit Date | Relative's Name | Relationship |
|---------------|-----------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

___ Full Membership: \$754 + Building Fund (\$8,000 payable over 8 years - \$1,000/year)

___ Associate Membership: \$350

If requesting Associate Membership, please indicate the shul at which you are a Full Member: _____

Please return the completed form along with your payment to:

Congregation Ohr HaTorah
36 Rector Court
Bergenfield, NJ 07621

PHOTO RELEASE

It is the policy of Congregation Ohr HaTorah of Bergenfield, New Jersey to record and retain visual images of congregational activities for appropriate purposes, including but not limited to: still photography, videotape, electronic and print publications and websites. Should you not wish to give permission to the congregation to utilize the above referenced images please so indicate in writing to the synagogue administration. Failure to forward such a request within ten (10) days shall be taken as a tacit approval for the use of such images for the above referenced purposes. If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the synagogue and such rescission will take effect upon receipt by the synagogue.

___ I hereby consent to the use of photos of my family on the shul website

___ I do not consent to the use of photos of my family on the shul website