



## 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: \$654 + Building Fund (\$8,000 payable over 8 years - \$1,000/year)

\_\_\_ Associate Membership: \$300

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