

## 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 M/F:

Jewish\_\_\_\_ Not Jewish\_\_\_\_

Occupation:

#### MEMBER B

Last Name:

Preferred First Name:

Phone:

Email:

Birth date:

Gender M/F:

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				
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 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 should be aware of?

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 click **submit** button or send form to [Oseh-shalom@osehshalom.org](mailto:Oseh-shalom@osehshalom.org)  
If you prefer to mail or drop off your application:

Oseh Shalom  
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Laurel, MD 20707