



OHR SHALOM SYNAGOGUE

A Conservative Congregation

2512 Third Avenue at Laurel

San Diego, California 92103

(619) 231-1456

office@ohrshalom.org | www.ohrshalom.org

MEMBERSHIP APPLICATION* 2026/2027

Member A

Circle one: Mr. Mrs. Ms. Dr. Mx. | He/Him She/Her They/Them

Name (Last, First) _____

Hebrew Name _____

Phone Number _____

Email _____

Please Circle one: Kohen Levite Israel Non-Jewish

Birth Date: Mo _____ Day _____ Yr _____

Father's Hebrew Name _____

Mother's Hebrew Name _____

If Married, Wedding Date: Mo _____ Day _____ Yr _____

Member B

Circle one: Mr. Mrs. Ms. Dr. Mx. | He/Him She/Her They/Them

Name (Last, First) _____

Hebrew Name _____

Phone Number _____

Email _____

Please Circle one: Kohen Levite Israel Non-Jewish

Birth Date: Mo _____ Day _____ Yr _____

Father's Hebrew Name _____

Mother's Hebrew Name _____

Address _____

City/State/Zip _____

Family Phone _____ Family Email _____

Member A

Occupation _____

Employer Name _____

Address _____

City/State/Zip _____

Work Phone and Email _____

Member B

Occupation _____

Employer Name _____

Address _____

City/State/Zip _____

Work Phone and Email _____

CHILDREN (Please list in order of age, oldest first, and attach additional pages if needed)

Name (Last, First)	M/F/NB	Birth Date	Hebrew Name	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PREVIOUS SYNAGOGUE AFFILIATION (Last Five Years) – If different for Member A and B, list both

Synagogue/Rabbi/City/State

Dates (From/To)

Synagogue/Rabbi/City/State

Dates (From/To)

If you are currently a member in good standing at another synagogue, please list that Synagogue's Name and Address.

*We reserve the right to revoke or refuse membership at our discretion.

Yahrzeit Information

Please provide the following information about loved ones for whom you wish Yahrzeit (Remembrance) notices sent:

Name (English and Hebrew)

Relationship/To Whom

Full Date and Time of Death

CHECK ACTIVITIES AND COMMITTEES IN WHICH YOU ARE INTERESTED:

Ohr Shalom is proud of the fact that many congregants participate in a range of activities. As a new member to our Shul, we hope that you will quickly become a part of our Kehilla, our congregation, by joining in several activities. Please let us know about personal interests of yours that might impact how you become engaged with our community.

Member A	Members B		Member A	Member B	
		Social Engagement			Education
_____	_____	Chavurot*	_____	_____	Book Clubs
_____	_____	Planning parties/events	_____	_____	Adult Ed planning
_____	_____	Discussion Groups	_____	_____	Lecture series
_____	_____	Attending Shabbat dinners	_____	_____	Retreats
_____	_____	Camping	_____	_____	Shabbat Lunch & Learn
_____	_____	Local walks/tours	_____	_____	Religious School
_____	_____	Other: _____	_____	_____	Adult Bar/Bat Mitzvah study
		Jewish Ritual			Other: _____
_____	_____	Attending Shabbat services			Community Responsibility
_____	_____	Leading services	_____	_____	Fundraising/finance
_____	_____	Reading Torah/Haftarah	_____	_____	Social action in SD
_____	_____	Choir Membership	_____	_____	Local events and affairs
_____	_____	Daily Minyan attendance	_____	_____	Israel programming
_____	_____	Ritual decision-making	_____	_____	Youth group programs
_____	_____	Other: _____	_____	_____	Environmental Programs
			_____	_____	Chesed/Community Caring

*Ohr Shalom currently has Chavurot (informal small groups) focused in the areas of Games, Mahjong, Leadership Development, Outdoor Activities, and several more.

MEMBERSHIP CATEGORIES

As you are becoming a welcome member of our Kehillah, our community, we expect a financial commitment to help in maintaining Ohr Shalom.

Families\$3,980 (\$332/month)

Young Families* & Associates**\$2,600 (\$217/month)

Single Members\$2,200 (\$184/month)

These amounts represent the membership contributions necessary to cover the annual operating expenses (dues, security, and USCJ membership) as projected for this year.

I/we pledge \$_____ in total payments for this year (July 2025-June 2026).

I/we will fulfill this pledge in one/two/four/twelve equal payments.

We ask members to file a credit card with the Synagogue office and use automatic monthly payments (unless paying in one payment). This both improves the cash flow of the Synagogue, and also ensures that members will not have past due accounts.

**both under 35 years of age **member in good standing at another synagogue*

Name on Credit Card _____

Number: _____ exp. ____/____ security code _____

Signature of Member A _____ Date _____

Signature of Member B _____ Date _____

If you are unable to commit to the amounts above, please contact the Synagogue office.