

Congregation Or Shalom Membership Application

835 Darby Paoli Rd, Berwyn, PA 19312

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Adult #1

Full Name: _____ Hebrew Name: _____

Date of Birth (mm/dd/yy): _____

Home Phone: _____ Other Phone: _____

Email Address: _____

Jewish Not Jewish

Adult #2

Full Name: _____ Hebrew Name: _____

Date of Birth (mm/dd/yy): _____

Home Phone: _____ Other Phone: _____

Email Address: _____

Jewish Not Jewish

Marital Status

Anniversary if married: _____ Single Divorced Separated Widowed

Address Information

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zipcode: _____

Child #1 (18 years or younger)

Male Female Date of Birth (mm/dd/yy): _____

Full Name: _____ Hebrew Name: _____

Have they attended Hebrew School? _____

Child #2 (18 years or younger)

Male Female Date of Birth (mm/dd/yy): _____

Full Name: _____ Hebrew Name: _____

Have they attended Hebrew School? _____

Child #3 (18 years or younger)

Male Female Date of Birth (mm/dd/yy): _____

Full Name: _____ Hebrew Name: _____

Have they attended Hebrew School? _____

Yahrzeit Information

Deceased Name: _____ Date of Death (mm/dd/yy): _____

Relation to Member: _____

Deceased Name: _____ Date of Death (mm/dd/yy): _____

Relation to Member: _____

Deceased Name: _____ Date of Death (mm/dd/yy): _____

Relation to Member: _____

Deceased Name: _____ Date of Death (mm/dd/yy): _____

Relation to Member: _____

Annual Membership Pledge (Confidential)

Platinum (\$3,500 & above) Gold (\$2,500-\$3,499) Silver (\$1,500-\$2,499) Bronze (up to \$1,499) \$ _____