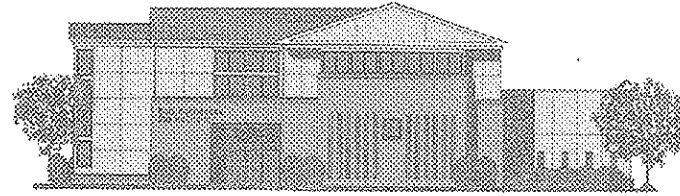


Bais Haknesses

# Ohr HaChaim

"In memory of Captain Hyman P. Galbut"



Dear Mispallelim,

As we approach this coming Rosh Hashana 5769, the memories of last year are still fresh in our minds. Who can forget the contagious excitement we have all shared as we scrambled round-the-clock to make the necessary finishing touches (the generators, carpets, painters, etc,.. culminating with the hanging of the Paroches at Mincha Erev Rosh Hashana) It was with S'yata D'shmaya and the heroic efforts of many – and a special Yasher Koach to Yona Ehrenfeld, in particular. We are truly grateful to all of you, our devoted members, for helping to make our vision of building a Makom Torah U'Tefilla into a vibrant reality.

Boruch Hashem, the Shul's growth over this past year has been nothing short of inspirational. Our building has had the z'chus of hosting hundreds from our community on a daily basis. Whether you are a Mispallel in one or more of our nine daily/Shabbos minyanim, and/or have attended our variety of Shiurim, learning series, and family events, you have had a share in our inaugural year.

As we embark on Bais Haknesses Ohr Hachaim's second Rosh Hashana in our new home, we daven and feel hopeful that, with S'yata D'shmaya, we will see continued growth and hatzlacha. May our Kehilla continue to serve as a haven of spiritual growth, warmth, and friendship for us and our families.

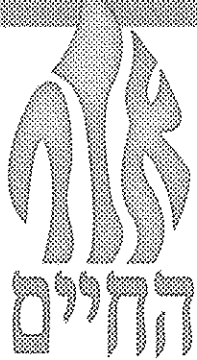
A K'sive V'chasima Tova and a Gut G'Benched Yor to all our dear chaverim.

Rabbi and Rebetzin Y. Zvi Weiss

Rabbi Y. Zvi Weiss  
*Rabbi*

3210 Clarks Lane, Baltimore, MD 21209  
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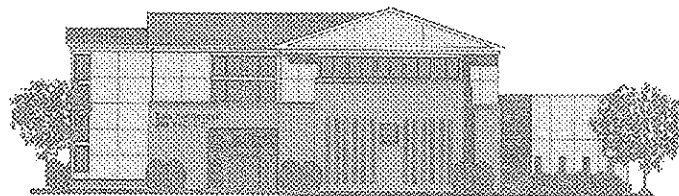
Mr. Levi Friedman  
*President*



Bais Haknesses

# Ohr HaChaim

"In memory of Captain Hyman P. Galbut"



## Membership Application

Thank you for your dedication to the continued success of Ohr HaChaim.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Hebrew name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Birthday: \_\_\_\_\_ Spouse: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Children: Please provide the names and birthdays of your children:

\_\_\_\_\_  
\_\_\_\_\_

Special Requests (Davening for the Amud/Yartzheits/Aliyos/Bar Mitzvah Parasha/etc.):

\_\_\_\_\_

Please select the items that you are able to participate in:

- Davening for the Amud     Laining     Gabbai     Event Coordinator
- Website Support     Professional Services     Other: \_\_\_\_\_

<b>Associate Member</b> <input type="checkbox"/> \$250  <u>Select:</u> <input type="checkbox"/> One Time Payment <input type="checkbox"/> \$21 Per Month	<b>Full Member</b> <input type="checkbox"/> \$500  <u>Select:</u> <input type="checkbox"/> One Time Payment <input type="checkbox"/> \$42 Per Month	<b>Founding Member</b> <input type="checkbox"/> \$1000 Each Year for Five Years <u>Select:</u> <input type="checkbox"/> One Time Payment <input type="checkbox"/> \$84 Per Month
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Check     Cash     Credit Card: (Circle One) Visa / MasterCard / Amex / Discover

Cardholder's Name: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Number: \_\_\_\_\_ CCV Code: \_\_\_\_\_

I hereby apply for membership at Bais Haknesses Ohr HaChaim and agree to the terms of membership:

Authorizing Payment Signature: \_\_\_\_\_ Date: \_\_\_\_\_