



**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"/> \$300  <u>Select:</u> <input type="checkbox"/> One Time Payment <input type="checkbox"/> \$25 Per Month	<b>Full Member (w/reserved seat)</b> <input type="checkbox"/> \$575  <u>Select:</u> <input type="checkbox"/> One Time Payment <input type="checkbox"/> \$48 Per Month	<b>Founding Member (w/reserved seat)</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: \_\_\_\_\_

Rabbi Y. Zvi Weiss  
 Rabbi

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 office@baishaknesses.com

Mr. Levi Friedman  
 President