

**Ohev Sholom - The National Synagogue**  
**1600 Jonquil Street, N.W.**  
**Washington, D.C. 20012**  
**(202) 882-7225 \* (202) 882-0804**  
**Website: www.ostns.org**

**MEMBERSHIP APPLICATION**

**NEW MEMBER APPLICATION**

**UPDATED INFORMATION  
EXISTING**

**MEMBERS**

(Assistance for Hebrew names and dates is available by calling Rabbi Herzfeld at (202) 882-2040)

Member:	Co-Member:
Hebrew name:	Hebrew name:
Date of Birth:	Date of Birth:
Address:	Address (if different from Applicant's):
Phone:	Phone:
Business Phone:	Business Phone:
Cell Phone:	Cell Phone:
E-Mail:	E-Mail:

**Children in Household:**

(If additional space is needed please attach a separate sheet containing the following information)

English Name	Hebrew Name	English & Hebrew Date of Birth

**Memorial Anniversaries (Yahrzeits):**

(If additional space is needed please attach a separate sheet containing the following information)

Full English & Hebrew Name of the Deceased	English & Hebrew Date of Death	Relationship

**For New Members:** We (I) hereby apply for Membership in Ohev Sholom – The National Synagogue and, if accepted, we (I) agree to abide by its Constitution and Bylaws. \_\_\_\_\_ (Please initial)

