

Help us get to know you. Please submit a family photo for our files.

# SUBURBAN ORTHODOX CONGREGATION TORAS CHAIM MEMBERSHIP APPLICATION

7504 Seven Mile Lane • Baltimore, Maryland 21208 • 410-484-6114

Check Membership Type:	
Full	_____
Associate	_____
Under 30	_____

**MEMBER: Please print neatly**

Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Address: \_\_\_\_\_ Tel: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ ben/bas \_\_\_\_\_

Kohen: \_\_\_\_\_ Levi: \_\_\_\_\_ Yisroel: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Bar Mitzvah Sedrah: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Father's Full Name - English: \_\_\_\_\_

Hebrew: \_\_\_\_\_ ben: \_\_\_\_\_

Mother's Full Maiden Name - \_\_\_\_\_

Hebrew: \_\_\_\_\_ bas: \_\_\_\_\_

If either parent is deceased, list yearzeit dates:

Father - English date: \_\_\_\_\_ Hebrew date: \_\_\_\_\_

Mother - English date: \_\_\_\_\_ Hebrew date: \_\_\_\_\_

**SPOUSE:**

Full maiden name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Business Address: \_\_\_\_\_ Tel: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ bas: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father's Full Name - English: \_\_\_\_\_

Hebrew: \_\_\_\_\_ ben: \_\_\_\_\_

Mother's Full Maiden Name: \_\_\_\_\_

Hebrew: \_\_\_\_\_ bas: \_\_\_\_\_

If either parent is deceased, list yearzeit dates:

Father - English date: \_\_\_\_\_ Hebrew date: \_\_\_\_\_

Mother - English date: \_\_\_\_\_ Hebrew date: \_\_\_\_\_

**CHILDREN: (in order of birth):**

English name: \_\_\_\_\_ Hebrew \_\_\_\_\_ Date of Birth/Age \_\_\_\_\_

English name: \_\_\_\_\_ Hebrew \_\_\_\_\_ Date of Birth/Age \_\_\_\_\_

English name: \_\_\_\_\_ Hebrew \_\_\_\_\_ Date of Birth/Age \_\_\_\_\_

English name: \_\_\_\_\_ Hebrew \_\_\_\_\_ Date of Birth/Age \_\_\_\_\_

Schools attending: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

If approved by the Board of Directors, I agree to abide by all the bylaws of the Congregation including payment of dues, building fund, and other periodic assessments as described in the "Dues Structure" letter.

Presented at Meeting of the Board on \_\_\_\_\_ Accepted: \_\_\_\_\_ Not Accepted: \_\_\_\_\_

**ANNUAL DUES STRUCTURE**  
**2008-2009**

Full family dues (Husband & Wife or family): Half rate applies if one spouse is under 30	\$650
Single Rate:	\$320
Associate Member:	\$200
2008/09 Energy Assessment	\$ 50
Building Fund Obligation: Payable over a maximum of 5 years	\$500

L.R. 5/13/08