

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
July 1, 2011-June 30, 2012

Full family dues (Husband & Wife or family)	\$650
Half rate applies if one spouse is under 30	\$325
Single Rate	\$325
Single Rate, under 30	\$250
2010/2011 Energy Assessment	\$ 50
Building Fund Obligation:	\$500
Payable over a maximum of 5 years (assessed after the 1 st year of Full Membership)	
Associate Member	\$250

L.R. 8/23/11