

Membership Application
Ohavay Zion Synagogue

2048 Edgewater Ct., Lexington, KY 40502 Phone (859) 266-8050 Fax (859) 268-3357
office@ozs.org http://ozs.org

Please complete the information below.

Date of Application: _____

Name(s): _____

(please print names as you wish them to be listed in the directory)

Home Address: _____

City: _____ State: _____ Zip: _____

Status: Single _____ Married/Partners _____ date(__ / __ / __)

Information needed	Member A	Member B
Full Name		
Preferred Name		
Date of Birth		
Preferred email		
Cell Phone		
Occupation		
Hebrew Name (w/ Parent/s)		
Jewish Background	Mother Jewish _____ Father Jewish _____ Conversion w/ Mikvah _____ Conversion w/out Mikvah _____	Mother Jewish _____ Father Jewish _____ Conversion w/ Mikvah _____ Conversion w/out Mikvah _____
Current or previous affiliation w/ Religious Institutions		
List relationship to any OZS Members		

Please include the following information as it applies to each of your minor children.

	Child #1	Child #2	Child #3	Child #4
Full Name				
Date of Birth				
Gender				
Enrolled in Pre-school/ Religious School				
Bar/Bat Mitzvah Date				
Hebrew Name				

Please list names and dates of those for whom you wish Yahrzeit (anniversary of death) notices sent.

Name	Date of Death (MM/DD/YYYY)	Relationship to which member

Person to contact in case of emergency _____