

Congregation Ohel Moshe

2808 Smith Ave, Baltimore, MD, 21209, Daven@OhelMosheBaltimore.com
www.OhelMosheBaltimore.com



ASSOCIATE MEMBERSHIP APPLICATION



Contact Information

Last Name			First Name			Spouses Name			
Home Address									
City			State			Zip		Home Phone	
Husband									
Wife									
Cell			Work			Email			

Please indicate other ways in which you are willing to help the Shul.

Leading Davening Laining Volunteer professional services Other _____

Membership - Annual

Associate Membership	Additional donations	Total
\$180	<input type="checkbox"/> One Time _____	<input type="checkbox"/> One Time _____
<input type="checkbox"/> One time payment	<input type="checkbox"/> Monthly _____	<input type="checkbox"/> Monthly _____
<input type="checkbox"/> \$15.00 Per Month		

Payment Information

<input type="checkbox"/> Cash (Enclosed)	<input type="checkbox"/> Check (Enclosed)	<input type="checkbox"/> Credit card
Card Type <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Discover		Credit Card Charge Date <input type="checkbox"/> 1 st or <input type="checkbox"/> 15 th of each month. One time payments will be charged immediately unless otherwise noted.
Cardholder Name		
Card Number		Exp Date
CCV (code from card back) Authorized Payment Signature _____ Date: _____		

I hereby apply for associate membership at Congregation Ohel Moshe and agree to the terms, policies, and conditions of associate membership.

_____ Date:

Thank you for supporting our Shul and becoming an associate member. We look forward to seeing you soon!