



Ohel Leah Synagogue

70 Robinson Road, Mid-Levels, Hong Kong.
Tel: (852)2589-2621 Fax: 852)2548-4200

A/C No. _____

I/We hereby apply for membership of the Ohel Leah Synagogue. If accepted, I/we agree to abide by and conform to its constitution and by laws existing from time to time. Furthermore, I/we undertake to pay all dues when called to do so in accordance with the regulations in force at the time.

I/We wish to apply for:

- _____ COUPLE/FAMILY -- HK\$6500 per annum
(to include children 18 years or younger of any marital status and unmarried children 21 years of age or younger)
- _____ SINGLE -- HK\$3900 per annum
- _____ NON-RESIDENT (A person not resident in Hong Kong) -- HK\$1800 per annum

Proposer _____ (Signed _____) **Seconder** _____ (Signed _____)

Family Name _____

Home Address _____

Home Tel No. _____ Home Fax No. _____

Applicant

Spouse

Given Name _____

Nationality _____

Date of Birth _____ (DD/MM/YY) _____ (DD/MM/YY)

Hebrew Name _____

Father's Hebrew Name _____

Maiden Name _____

Occupation _____

Firm Name _____

Business Address _____

Business Tel No. _____

Business Fax No. _____

Mobile No. _____

Email Address _____

Indicate: Cohen _____ Levi _____ Israel _____

Indicate: I can / cannot read a haftorah

Date of Marriage (if applicable) _____ (DD/MM/YY)

Children

Name	Hebrew Name	Date of Birth (DD/MM/YY)	M/F
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Yahrzeit

Name of Departed	Relationship	Date (DD/MM/YY)	Hebrew Name of Departed & Father
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Applicant _____ Date _____ (DD/MM/YY)

*** Please complete this application form and return it together with the followings:**

- 1) A copy of the Ketubah, or any other form of proof of Jewish background.
- 2) One photograph.
- 3) Copy of passport.
- 4) Payment of membership subscription fee.

FOR OFFICE USE ONLY	Form Received Date _____
Documents enclosed:	
Payment _____	Photos _____ Ketubah _____
Approved by:	
Rabbi _____	Date _____
Synagogue Council _____	
	Date _____

