



# Ohel Leah Synagogue

70 Robinson Road, Mid-Levels, Hong Kong.

Telephone: (852) 2589-2621

Email Address: OLS@OhelLeah.org

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 -- HK6500 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

\_\_\_\_\_ YOUNG PROFESSIONAL (Under 30) -- HK\$1500 per annum

**Proposer** \_\_\_\_\_ (Signed \_\_\_\_\_) **Second** \_\_\_\_\_ (Signed \_\_\_\_\_)

Family Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Tel 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. \_\_\_\_\_

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. (No ritual privileges until all supporting documents are received.)**
- 2) One photograph.**
- 3) Copy of passport.**
- 4) Payment of membership subscription fee.**

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



# Ohel Leah Synagogue

70 Robinson Road, Mid-Levels, Hong Kong.

Telephone: (852) 2589-2621

Email Address: OLS@OhelLeah.org

## Additional Information for Membership

In order to process your application it is necessary to ask you some personal questions. Please be assured that this information will be treated in the strictest confidence and will be held by the Rabbi only. If you would prefer you can send these details under separate cover directly to the Rabbi.

### Applicant

### Spouse

Name

---

---

Religion

---

---

Details of Conversion  
(if applicable)

---

---

---

---

---

---

Name of Mother

---

---

Religion of Mother

---

---

Details of Conversion  
(if applicable)

---

---

---

---

---

---

Name of Father

---

---

Religion of Father

---

---

Details of Conversion  
(if applicable)

---

---

---

---

---

---

### If Married:

Name of Rabbi who performed the ceremony

---

Name of Congregation

---

Address of Synagogue

---

Signature of Applicant

---

Date

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
day month year