



MEMBERSHIP APPLICATION

Thank you for selecting Temple Sinai.

We are a reform Jewish congregation in the center of a vibrant, active, Jewish Community.

All information will be kept confidential. It is intended only for our records. Please answer all the questions that are applicable

Adult 1 Name _____
Last Name First Name Middle Name
Home Phone _____ Cell Phone _____
 Jewish Not Jewish Considering Conversion

Adult 2 Name _____
Last Name First Name Middle Name Phone Number
Home Phone _____ Cell Phone _____
 Jewish Not Jewish Considering Conversion

Nick Name Adult 1 _____ Date of Birth _____ Occupation: _____

Nick Name Adult 2 _____ Date of Birth _____ Occupation _____

Married (date) _____ Single _____ Widowed _____ Divorced _____ Other _____

Adult 1 Email _____ Adult 2 Email _____

How would you like your name(s) listed on our mailing list? (For example, Mr. & Mrs Alan Jones, Alan & Shirley Jones, Mr. Alan Jones & Ms. Shirley Jones) _____

Full Time Residence _____
Address City State Zip

Part Time Residence _____
Address City State Zip

Months at Part Time Residence: Jan. Feb. March April May June July Aug. September October November December
(Please circle)

Adult 1 Employer _____ Job Title _____

Address _____ Work Phone _____

Adult 2 Employer _____ Job Title _____

Address _____ Work Phone _____

Office use only:

Application Received _____ Membership Contact _____ EIMM _____