

Dependent Children: Please indicate if child is away at School or Military

1. _____
 Full Name Date of Birth Hebrew Name Relationship

2. _____
 Full Name Date of Birth Hebrew Name Relationship

3. _____
 Full Name Date of Birth Hebrew Name Relationship

4. _____
 Full Name Date of Birth Hebrew Name Relationship

Child(ren) will be attending Temple Sinai's:
 Religious School _____ Hebrew School _____ Tikvah Preschool _____

OTHER ADULTS IN YOUR HOUSEHOLD

1. _____
 Full Name Date of Birth Hebrew Name Relationship

2. _____
 Full Name Date of Birth Hebrew Name Relationship

Yahrzeit Record

Name and dates of loved ones for which you wish Yahrzeit (remembrance) notices sent. Note: Our congregation sends notices using the secular calendar unless requested otherwise.

1) _____
 Name of Deceased Relationship Secular Date of Death

2) _____
 Name of Deceased Relationship Secular Date of Death

3) _____
 Name of Deceased Relationship Secular Date of Death

4) _____
 Name of Deceased Relationship Secular Date of Death

Level of Membership

Benefactor ___ President's Circle ___ Patron ___ Mitzvah ___ Associate Donor ___
 Family ___ Single ___ Associate Single ___ Associate Family

I/We hereby make application to become a member of Temple Sinai and acknowledge that the membership contribution amount has been explained. I/We understand that acceptance of this membership is subject to the approval of the Board of Directors.

Signature Adult 1 _____ Date _____

Signature Adult 2 _____ Date _____

In case of emergency contact: Name _____ Phone _____

Address: _____ City _____ St. _____ Zip _____