

Membership Application

(Information you furnish will be kept confidential. It is intended only for our records.)



SINAI TEMPLE

10400 Wilshire Blvd.
Los Angeles, California 90024
310-474-1518
Fax. 310-474-6801

FOR OFFICE USE ONLY

MALE
NAME Mr./Dr.

Hebrew Name

Blood Type (Optional)

FEMALE
NAME Mrs./Miss/Ms./Dr.

Hebrew Name

Blood Type (Optional)

RESIDENCE

Street

City

Zip

()
Phone

MARITAL STATUS: Married / / Single Widowed Divorced Separated
Date

MALE MEMBER: Date of Birth / /

FEMALE MEMBER: Date of Birth / /

Email Address

Email Address

Occupation

Occupation

Firm Name

Firm Name

Firm Address

Firm Address

City Zip

City Zip

() - () -
Phone Cell Number

() - () -
Phone Cell Number

() -
FAX Number

() -
FAX Number

Type of Business

Type of Business

Job Title

Job Title

Owner Partner Employee
(please check one)

Owner Partner Employee
(please check one)

Maiden Name

Single Children

Check here if you will be scheduling a **Bar/Bat Mitzvah** during the next four (4) years.

Child's Full Name (First, Middle, Last)	Birth Date	Grade (if not at home give full current address)

Married Children

Married Name and Spouse	Birth Date	Address	Names of Grandchildren

Other Adults at Home

Full Name	Birth Date	Relationship	Synagogue Affiliation

Current or previous congregational affiliation _____

How long ago? _____ Do you have an outstanding obligation? _____

Have you been active in synagogue life? _____ If so, in what capacity? _____

Relatives who are now members of Sinai Temple

Name	Relationship

Friends who are now members of Sinai Temple

Name	Name

List of departed for Yahrzeit record(s):

Name	Relationship	English Date of Death/ Before or After Sundown	Hebrew Date

Do you own cemetery property? Yes No

If yes, as a part of our Life Cycle Protection we will keep on file the location of your cemetery property.

Name of Cemetery _____

Address _____
Street City State Zip

Location of Memorial Property _____

We encourage all members of the congregation to take an active part in synagogue life. We would very much like you to select one or more areas in which you might have an interest. Please indicate male (M) or female (F), or both (M/F).

- ___ Adult Education
- ___ Youth Programs
- ___ Family Programs
- ___ Community Outreach
- ___ Membership
- ___ Dor Chadash
- ___ Library
- ___ Young Leadership Programs
- ___ Adult Programs
- ___ Holiday/ Festival Observance
- ___ Chevra Kadisha

Special talents, skills and interests: _____

What brings you to Sinai Temple? _____

Religious Background

When I was growing up, my family was affiliated with a congregation that was [please indicate male (M) or female (F)]:

Reform ___ Conservative ___ Orthodox ___ Not Affiliated ___ Not Jewish ___

Jew by Choice ___ Date _____

To be completed by Sinai Temple Representative at the time of registration

Marriage code _____ Number _____ Entry Date _____

Code _____ Category _____ Type _____

Number of seats _____ Location _____ Extra seat location _____

For dates _____ to June 30,

DUES	\$ _____
Extra seat charges	\$ _____
Building Maintenance	\$ _____
Security/United Syn	\$ _____
Total	\$ _____

Please provide us with a copy of your driver's license with this application.

Being of the Jewish faith, I/we, in applying for membership to Sinai Temple, do agree to conform to its by-laws and to honor all monetary obligations to the congregation. The information on this form is correct.

X _____
Signature Date

X _____
Signature Date

Signature of Senior Staff Date