

MEMBERSHIP APPLICATION

We are pleased to welcome you to Sinai Temple as a member of our synagogue. You are joining a warm, caring, and inclusive community that focuses on our members' needs, Jewish observance, and support of Israel.



10400 Wilshire Boulevard
Los Angeles, California 90024
Tel: 310.474.1518 • Fax: 310.474.6801
Website: www.sinaitemple.org

NAME AND ADDRESS

The information you provide will be kept confidential. It is intended only for our records. If you have any questions, please contact the Membership Department at 310.481.3237 or membership@sinaitemple.org.

MEMBER ONE M F Mr. Mrs. Ms. Dr.

Salutation First Middle Last

MEMBER TWO M F Mr. Mrs. Ms. Dr.

Salutation First Middle Last

Home Address City State Zip Code

Mailing Address (If Different) City State Zip Code

Single Engaged Married Wedding Date: _____ Separated Divorced Widow/er

How would you like your name(s) to appear on mailings? (Examples: Mr. & Mrs. Cohen, Dr. & Dr. Cohen, David & Sarah Cohen)

MEMBER INFORMATION

MEMBER ONE

Hebrew Name Preferred Name Maiden Name

Birthday (mm/dd/yyyy) Bar/Bat Mitzvah Date (mm/dd/yyyy)

() ()

Home Phone Cell Phone

Personal Email

Employer/Company Name Position/Title Industry

Business Address City State Zip Code

()

Business Phone Business Email

Principle/Owner Employee Retired Year: _____

Preferred method of contact: Home Cell Business Phone
 Business Email Personal Email

Were you born to a Jewish mother? Yes No
If no, are you a Jew by Choice? Yes No

MEMBER TWO

Hebrew Name Preferred Name Maiden Name

Birthday (mm/dd/yyyy) Bar/Bat Mitzvah Date (mm/dd/yyyy)

() ()

Home Phone Cell Phone

Personal Email

Employer/Company Name Position/Title Industry

Business Address City State Zip Code

()

Business Phone Business Email

Principle/Owner Employee Retired Year: _____

Preferred method of contact: Home Cell Business Phone
 Business Email Personal Email

Were you born to a Jewish mother? Yes No
If no, are you a Jew by Choice? Yes No

CHILDREN INFORMATION

Child One

First Name _____
 Middle Name _____
 Last Name _____
 Hebrew Name _____
 Birthdate _____
 Grade _____
 Gender M F

Child Two

 M F

Child Three

 M F

Child Four

 M F

Applied/Accepted to: Douglas Family Early Childhood Center
 Sinai Akiba Academy
 Religious School
 Other: _____

Douglas Family Early Childhood Center
 Sinai Akiba Academy
 Religious School
 Other: _____

Douglas Family Early Childhood Center
 Sinai Akiba Academy
 Religious School
 Other: _____

Douglas Family Early Childhood Center
 Sinai Akiba Academy
 Religious School
 Other: _____

For additional children, please attach a supplemental page

RELATIONSHIPS

Do you have any relatives or friends who are current Sinai Temple members? Yes No ***If Yes, please list:***

Relationship One

First Name _____
 Last Name _____
 Relationship _____

Relationship Two

Relationship Three

Relationship Four

Yahrzeit INFORMATION

If you have any yahrzeit(s) to commemorate, please fill in this information:

Yahrzeit

Gender M F
 First Name _____
 Last Name _____
 Hebrew Name _____
 Relationship _____
 Death Date _____
 Before/After Sunset _____
 Hebrew Death Date _____

Yahrzeit

M F

Yahrzeit

M F

Yahrzeit

M F

We will send you a reminder prior to the date. The name of your beloved will be read during the Shabbat service prior to the yahrzeit.

Check this box if you are interested in a memorial yahrzeit plaque to honor the sacred memory of your loved one.

Do you own a cemetery property? Yes No If yes, where: _____

If No, do you wish to receive information about Mount Sinai Memorial Parks and Mortuaries, which are owned by Sinai Temple? Yes No

COMMUNITY INVOLVEMENT AND RITUAL PARTICIPATION

What are your reasons for joining Sinai Temple?

There are a variety of roles available within Sinai Temple. Please indicate your interests below if you would like more information about getting involved:

MEMBER ONE

- | | |
|---|--|
| <input type="checkbox"/> Committee Member | <input type="checkbox"/> Holiday/Festival Observance |
| <input type="checkbox"/> Community Outreach/Marketing | <input type="checkbox"/> High Holy Day Torah Reading |
| <input type="checkbox"/> Fundraising & Development | <input type="checkbox"/> Temple Services |
| <input type="checkbox"/> Caring Communities | <input type="checkbox"/> Shabbat Torah Reading |
| <input type="checkbox"/> Event Volunteer | <input type="checkbox"/> Shabbat/Holiday Usher |

Please highlight any special talents, skills, or interests that you would like to share.

MEMBER TWO

- | | |
|---|--|
| <input type="checkbox"/> Committee Member | <input type="checkbox"/> Holiday/Festival Observance |
| <input type="checkbox"/> Community Outreach/Marketing | <input type="checkbox"/> High Holy Day Torah Reading |
| <input type="checkbox"/> Fundraising & Development | <input type="checkbox"/> Temple Services |
| <input type="checkbox"/> Caring Communities | <input type="checkbox"/> Shabbat Torah Reading |
| <input type="checkbox"/> Event Volunteer | <input type="checkbox"/> Shabbat/Holiday Usher |

Please highlight any special talents, skills, or interests that you would like to share.

PROGRAMS OF INTEREST

We encourage all members of the congregation to take an active part in synagogue life.

Please indicate if you would like additional information or are interested in participating in the following programs. We will connect you with the appropriate community representative.

MEMBER ONE

- Douglas Family Early Childhood Center (Age 0-3)
- Dor Chadash (Ages 0-6)
- Sinai Akiba Academy (Grades Preschool-8)
- Sinai Temple Religious School S.T.✡.R.S (Grades K-7)
- B'Nai Mitzvah
- Beit Bracha: B'Nai Mitzvah for children with special needs
- Chai School (Grades 8-12)
- Teen Programming (Grades 8-12)
- Atid: Young Professionals (Ages 21-39)
- JNet: Business Networking
- Sinai Temple Israel Center
- Choir / Musical Programming
- Adult Learning: Courses, Clergy Lectures, Speakers
- Adult Programming (Ages 40+)
- Social Action Committee
- Blumenthal Library / Lainer Learning Center
- Sisterhood
- Men's Club
- Chai Society (Adults 55+)
- LGBTQ
- Other: _____

MEMBER TWO

- Douglas Family Early Childhood Center (Age 0-3)
- Dor Chadash (Ages 0-6)
- Sinai Akiba Academy (Grades Preschool-8)
- Sinai Temple Religious School S.T.✡.R.S (Grades K-7)
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- Sisterhood
- Men's Club
- Chai Society (Adults 55+)
- LGBTQ
- Other: _____

CAR INFORMATION

This information is required to release parking stickers to grant you complimentary parking in our underground garage.

Car Make	Model	Color	License Plate
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Car Make	Model	Color	License Plate
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Car Make	Model	Color	License Plate
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For security purposes, please attach a copy of each members Driver's License to this application. In applying for membership at Sinai Temple, I/we do agree to conform to its by-laws and to honor all monetary obligations to the congregation. By signing below, I affirm that all the information on this application is correct.

X

Signature **Member One**

Date

X

Signature **Member Two**

Date

Signature of Staff

Date