



Sinai Temple

1100 Dickinson Street, Springfield, MA 01108 TEL: (413) 736-3619 FAX: (413) 733-9329 www.sinai-temple.org

Membership Application

Our Mission: Sinai Temple is a welcoming and inclusive Reform Congregation where our members pursue a continuing journey of Jewish growth. We are guided by the history and traditions of the Jewish people as we encounter the challenges of the modern world. We encourage participation in prayer, life-long Jewish learning, and social justice within a joyful, creative, and compassionate community.

Membership Information for Adults

Member A:

- Mr. Mrs. Ms. Miss. Dr.
 Other:

Last Name: _____

First, Middle Name: _____

Date of Birth: _____

Occupation: _____
(If retired, would you share your former occupation?)

Business Name: _____

City, State, Zip: _____

Business Telephone, Ext: _____

Member B:

- Mr. Mrs. Ms. Miss. Dr.
 Other:

Last Name: _____

First, Middle Name: _____

Date of Birth: _____

Occupation: _____
(If retired, would you share your former occupation?)

Business Name: _____

City, State, Zip: _____

Business Telephone, Ext: _____

Home Address: (Mail will be sent to your home address unless you request otherwise)

Name(s): _____

Address: _____

City, State, Zip: _____ Home Phone: ()

E-mail: _____ Cell Phone: () Fax: ()

Mailing Address: (if different from above) Winter Summer Both

Address: _____

City, State, Zip: _____ Home Phone: ()

Family Information

We would like to get to know you and your family. Sinai makes a special effort to address the diversity of congregants' needs in developing programs. We welcome everyone.

<p>Our Household consists of: (please check one)</p> <p> <input type="radio"/> Husband and wife <input type="radio"/> Husband, wife with children living at home <input type="radio"/> Husband, wife with children not living at home <input type="radio"/> Two adults other than husband and wife <input type="radio"/> Single Adult <input type="radio"/> Single parent with children living at home <input type="radio"/> Single parent with children not living at home </p> <p>If you are married, please tell us the date of your wedding anniversary:</p> <p>Month/Day/Year: _____</p> <p>Are there additional family members living in your home?</p>	<p>Religious Tradition</p> <p>Adult Member A:</p> <p> <input type="radio"/> Born Jewish <input type="radio"/> Not Jewish <input type="radio"/> Jewish by Choice (Conversion) </p> <p>Raised as:</p> <p> <input type="radio"/> Reform <input type="radio"/> Conservative <input type="radio"/> Orthodox <input type="radio"/> Other </p> <p>Adult Member B:</p> <p> <input type="radio"/> Born Jewish <input type="radio"/> Not Jewish <input type="radio"/> Jewish by Choice (Conversion) </p> <p>Raised as:</p> <p> <input type="radio"/> Reform <input type="radio"/> Conservative <input type="radio"/> Orthodox <input type="radio"/> Other </p>
---	---

Dependent Children:

Full name:	Birth date: (month/day/year):	Gender:
If College Student, Name and Address of School:		
E-Mail:		
Full name:	Birth date: (month/day/year):	Gender:
If College Student, Name and Address of School:		
E-Mail:		
Full name:	Birth date: (month/day/year):	Gender:
If College Student, Name and Address of School:		
E-Mail:		
Full name:	Birth date: (month/day/year):	Gender:
If College Student, Name and Address of School:		
E-Mail:		

Independent Children:

Full name:	Birth date: (month/day/year):	Gender:
Address:	E-Mail:	
Full name:	Birth date: (month/day/year):	Gender:
Address:	E-Mail:	
Full name:	Birth date: (month/day/year):	Gender:
Address:	E-Mail:	
Full name:	Birth date: (month/day/year):	Gender:
Address:	E-Mail:	

Adult Opportunities at Sinai

The following is a partial list of some Temple programs and activities. Please check the ones that you would like to participate in and we will contact you with more information. Let us also know of other interests, skills and abilities you wish to share with the congregation.

- | | | | |
|-------------------------------|-------------------------------|-----------------------------------|--|
| <input type="radio"/> Adult 1 | <input type="radio"/> Adult 2 | Jewish Learning for Adults | <i>Sinai offers many opportunities for adults to continue to learn such as: Saturday Morning Torah Study, Lunch and Learn, and Adult Bar/Bat Mitzvah. Whether you are a beginner or beyond, there is a place for you to grow at Sinai.</i> |
| <input type="radio"/> Adult 1 | <input type="radio"/> Adult 2 | Caring Community Committee | <i>Reaches out to fellow congregants in difficult times.</i> |
| <input type="radio"/> Adult 1 | <input type="radio"/> Adult 2 | Brotherhood | <i>Where men from Sinai can meet with each other, Sinai's Brotherhood is also an active source of service to the Temple.</i> |
| <input type="radio"/> Adult 1 | <input type="radio"/> Adult 2 | Shalom Committee | <i>Helps integrate new members into the Sinai community, organizes new member events throughout the year.</i> |
| <input type="radio"/> Adult 1 | <input type="radio"/> Adult 2 | Social Action Committee | <i>Focuses on issues of justice with programs to help congregants become involved in "repairing our world".</i> |
| <input type="radio"/> Adult 1 | <input type="radio"/> Adult 2 | Choir | <i>Rehearses weekly and sings during the High Holidays and several Friday evenings during the year. Neither Sight reading nor Hebrew required.</i> |
| <input type="radio"/> Adult 1 | <input type="radio"/> Adult 2 | Ritual Committee | <i>Participates in the process of shaping our services and holiday celebrations.</i> |
| <input type="radio"/> Adult 1 | <input type="radio"/> Adult 2 | Religious School Committee | <i>Oversees our Religious School program</i> |
| <input type="radio"/> Adult 1 | <input type="radio"/> Adult 2 | Youth Committee | <i>Oversees our Youth program</i> |
| <input type="radio"/> Adult 1 | <input type="radio"/> Adult 2 | Membership Committee | <i>Recruits new members, integrates them into the Sinai Temple community, and seeks to retain them as life members</i> |

Interests Skills, and Abilities:

- | | | | | | |
|-------------------------------|-------------------------------|-------------------------------------|-------------------------------|-------------------------------|---|
| <input type="radio"/> Adult 1 | <input type="radio"/> Adult 2 | Art | <input type="radio"/> Adult 1 | <input type="radio"/> Adult 2 | Hebrew reading (Beginner,Advanced) |
| <input type="radio"/> Adult 1 | <input type="radio"/> Adult 2 | Crafts | <input type="radio"/> Adult 1 | <input type="radio"/> Adult 2 | Other Languages (specify) |
| <input type="radio"/> Adult 1 | <input type="radio"/> Adult 2 | Creative writing | <input type="radio"/> Adult 1 | <input type="radio"/> Adult 2 | Teacher (specify grade, area) |
| <input type="radio"/> Adult 1 | <input type="radio"/> Adult 2 | Dancing | <input type="radio"/> Adult 1 | <input type="radio"/> Adult 2 | Religious School Teacher (specify grade) |
| <input type="radio"/> Adult 1 | <input type="radio"/> Adult 2 | Drama | <input type="radio"/> Adult 1 | <input type="radio"/> Adult 2 | Office |
| <input type="radio"/> Adult 1 | <input type="radio"/> Adult 2 | Musical Instrument (specify) | <input type="radio"/> Adult 1 | <input type="radio"/> Adult 2 | Computer Experience |
| <input type="radio"/> Adult 1 | <input type="radio"/> Adult 2 | Woodworking | <input type="radio"/> Adult 1 | <input type="radio"/> Adult 2 | Desktop Publishing |
| <input type="radio"/> Adult 1 | <input type="radio"/> Adult 2 | Photography | | | |

Yahrzeit Record

Please list names and dates of loved ones for whom you wish Yahrzeit (remembrance) notices sent. Names will be read annually at the Friday evening service closest to the Yahrzeit date. If you don't know the Hebrew date of death for a family member, we will figure it out for you and then send Yahrzeit notices corresponding to the Hebrew date. We will use English date for Yahrzeits if you tell us that is what you wish.

Name of Deceased	Relationship to Member	Date of Death	Notify on ENG Date	Notify on HEB Date