

# Temple Sinai Membership Form



## Family Contact Info:

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Main Phone \_\_\_\_\_ Main Email \_\_\_\_\_

Preferred Method of Contact \_\_\_\_\_

**Please check this box to give permission to have your information listed in the Temple Sinai Membership Directory (*optional, but popular*).**

**Member A:** Are you Jewish?  Yes  No

Mr.  Ms.  Mrs.  Dr.  Other \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Cell Ph. \_\_\_\_\_ Email \_\_\_\_\_

Facebook \_\_\_\_\_ Twitter \_\_\_\_\_

When I was growing up, my family was affiliated with a congregation that was:

Reform  Conservative  Orthodox  Other \_\_\_\_\_

None  Non-Jewish Religion Practiced \_\_\_\_\_

My religious background as an adult has been:

Reform  Conservative  Orthodox  None  Other \_\_\_\_\_

**Member B:** Are you Jewish?  Yes  No

Mr.  Ms.  Mrs.  Dr.  Other \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Cell Ph. \_\_\_\_\_ Email \_\_\_\_\_

Facebook \_\_\_\_\_ Twitter \_\_\_\_\_

When I was growing up, my family was affiliated with a congregation that was:

Reform  Conservative  Orthodox  Other \_\_\_\_\_

None  Non-Jewish Religion Practiced \_\_\_\_\_

My religious background as an adult has been:

Reform  Conservative  Orthodox  None  Other \_\_\_\_\_

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**Marital Status:**       Single    Married    Life Partnered    Divorced    Widowed

Anniversary Date (if applicable): \_\_\_\_\_

Family Salutation (for mailings): Dear \_\_\_\_\_

*(i.e. **Mary Cohen and Larry Weiss; Mr. and Mrs. Larry Weiss; Larry and Mary Cohen-Weiss; Mary and Larry Cohen; The Weiss Family** -- you get the idea.)*

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### Children residing with you:

**1.** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender: M / F  
Hebrew Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Current School Grade \_\_\_\_\_ Name of School \_\_\_\_\_

**2.** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender: M / F  
Hebrew Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Current School Grade \_\_\_\_\_ Name of School \_\_\_\_\_

**3.** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender: M / F  
Hebrew Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Current School Grade \_\_\_\_\_ Name of School \_\_\_\_\_

**4.** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender: M / F  
Hebrew Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Current School Grade \_\_\_\_\_ Name of School \_\_\_\_\_

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### Other persons residing with you:

**1.** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender: M / F  
Hebrew Name \_\_\_\_\_ Birth Date \_\_\_\_\_

**2.** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender: M / F  
Hebrew Name \_\_\_\_\_ Birth Date \_\_\_\_\_

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Signature: Member A

\_\_\_\_\_ Date

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Signature: Member B

\_\_\_\_\_ Date

Please return your completed Membership Commitment Form to

By MAIL: **Temple Sinai**

**3405 Gulling Road, Reno, NV 89503**

or, FAX (all sides) to: **(775)747-1911**

or, SCAN and email to: **admin@sinaireno.org**