

Temple Sinai Membership Form



Family Contact Info:

Home Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Primary Phone _____ Primary Email _____

Preferred Method of Contact: Phone or Email

Please check this box to deny permission to have your information listed in the Temple Sinai Membership Directory.

Member A: Are you Jewish? Yes No

Mr. Ms. Mrs. Dr. Other _____

First Name _____ Last Name _____

Hebrew Name _____ Birth Date ___/___/___

Cell Ph. _____ Email _____

Line(s) of work/industry _____

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 _____

Line(s) of work/industry _____

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 _____

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.)

Children residing with you:

1. First Name _____ Last Name _____ Gender _____
Hebrew Name _____ Birth Date __/__/____
Current School Grade _____ Name of School _____
 2. First Name _____ Last Name _____ Gender _____
Hebrew Name _____ Birth Date __/__/____
Current School Grade _____ Name of School _____
 3. First Name _____ Last Name _____ Gender _____
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 _____
Hebrew Name _____ Birth Date __/__/____
 2. First Name _____ Last Name _____ Gender _____
Hebrew Name _____ Birth Date __/__/____
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How Did You Find Temple Sinai?

We're always open to feedback to improve our reach and availability to our community. Your input is greatly appreciated. _____

We have many committees in our Temple Sinai Community so please be sure to check out our website, www.sinaireno.org, inquire of our board members and members at any time or send inquires to membership@sinaireno.org. We look forward to your involvement and participation.

Please list those Yahrzeits you wish to be remembered:

Name	Relationship	Related to	Date of Passing <i>(include year and morning or evening, if known)</i>	Date to Use: Heb. or Eng.?
1. _____				
2. _____				
3. _____				

Please feel free to email additional Yahrzeits to our Temple office at admin@sinaireno.org

Annual Level of Giving

- L'dor v'dor Level** "From Generation to Generation": \$3600 (\$300/month)
- Mezin (Sustaining) Level:** \$1800 (\$150/month)
- Mana (Helping) Single, Single Parent or 65+ Household:** \$1200 (\$100/month)
- Maskil (Senior Single) Level 65+ single:** \$900 (\$75/month)
- 1st Year Introductory Level** New Members, First Year Only: \$550 (\$45.83/month)
- Student Level 18 to 26:** \$36 (or \$18 in 2 pmnts)
Must be enrolled in one or more university or trade school classes.
- Other** \$ _____

Please check the category that best fits with your situation. If you can afford more than your respective level, please write your pledge amount in the line next to "Other". If you do not feel you can pay dues at or above your level, please contact **Terry Levenberg**, Financial Officer, at cfo@sinaireno.org or **(347)239-9306** to confidentially discuss your situation. Temple Sinai's Membership year runs from July 1 to June 30. If you join the Temple mid-year, please note that a new annual pledge is required at the beginning of each fiscal year.

Please Choose Your Payment Option & Return this Form with Your First Payment

Annually Semi-annually Quarterly Monthly

Member A Name (print) _____ Phone _____

Signature Member A _____ Date _____

Member B Name (print) _____ Phone _____

Signature Member B _____ Date _____

Please return your completed Membership Form to any of the following:

MAIL: **Temple Sinai**
3405 Gulling Road
Reno, NV 89503

FILL OUT ONLINE: www.sinaireno.org/newmember

SCAN & EMAIL TO: membership@sinaireno.org

FAX TO: **(775)747-1911**