

# Temple Sinai Membership Form



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## 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.**

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**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 \_\_\_\_\_

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**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 \_\_\_\_\_

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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.)*

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**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](http://www.sinaireno.org), inquire of our board members and members at any time or send inquires to [membership@sinaireno.org](mailto:membership@sinaireno.org). We look forward to your involvement and participation.

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**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](mailto:admin@sinaireno.org)

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## 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)
- 1<sup>st</sup> 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 **Marilyn Roberts**, Financial Officer, at [cfo@sinaireno.org](mailto:cfo@sinaireno.org) or **(775)530-7071** 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.

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## 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 \_\_\_\_\_

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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](http://www.sinaireno.org/newmember)

SCAN & EMAIL TO: [admin@sinaireno.org](mailto:admin@sinaireno.org)

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