

CAR INFORMATION

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

Car Year	Make	Model	Color	License Plate
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Car Year	Make	Model	Color	License Plate
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Car Year	Make	Model	Color	License Plate
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For security purposes, please attach a copy of each members' driver's license or ID to this application.

In applying for membership at Sinai Temple, I/we agree to conform to its bylaws and to honor all monetary obligations to the congregation. By signing below, I affirm that all of the information on this application is correct.

X

Signature **Member One**

Date

X

Signature **Member Two**

Date

Signature of Staff

Date

MEMBERSHIP APPLICATION



SINAI TEMPLE

10400 Wilshire Boulevard
Los Angeles, California 90024
P: 310.474.1518 • F: 310.474.6801
www.sinaitemple.org

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.

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 310.481.3246 or membership@sinaitemple.org.

Please list the primary contact person for your household as Member One.

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

F Salutation (Please Circle) First Middle Last Suffix

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

F Salutation (Please Circle) First Middle Last Suffix

Home Address City State Zip Code

Mailing Address (If Different) City State Zip Code

Single Engaged Married Wedding Date: _____ Separated Divorced Widowed

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

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

() ()

Home Phone Cell Phone

Personal Email

Employer/Company Name Position/Title

Industry Business Street Address

Business 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

Relationship to Member One: Spouse Other: _____

Hebrew Name

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

() ()

Home Phone Cell Phone

Personal Email

Employer/Company Name Position/Title

Industry Business Street Address

Business 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

	<u>Child One</u>	<u>Child Two</u>	<u>Child Three</u>	<u>Child Four</u>
First Name	_____	_____	_____	_____
Middle Name	_____	_____	_____	_____
Last Name	_____	_____	_____	_____
Hebrew Name	_____	_____	_____	_____
Birthdate	_____	_____	_____	_____
Grade	_____	_____	_____	_____
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Applied/Accepted to:	<input type="checkbox"/> The Elaine & Gerald Wolpe Parenting Center <input type="checkbox"/> Douglas Family Early Childhood Center <input type="checkbox"/> Alice and Nahum Lainer School <input type="checkbox"/> Religious School <input type="checkbox"/> Other: _____	<input type="checkbox"/> The Elaine & Gerald Wolpe Parenting Center <input type="checkbox"/> Douglas Family Early Childhood Center <input type="checkbox"/> Alice and Nahum Lainer School <input type="checkbox"/> Religious School <input type="checkbox"/> Other: _____	<input type="checkbox"/> The Elaine & Gerald Wolpe Parenting Center <input type="checkbox"/> Douglas Family Early Childhood Center <input type="checkbox"/> Alice and Nahum Lainer School <input type="checkbox"/> Religious School <input type="checkbox"/> Other: _____	<input type="checkbox"/> The Elaine & Gerald Wolpe Parenting Center <input type="checkbox"/> Douglas Family Early Childhood Center <input type="checkbox"/> Alice and Nahum Lainer School <input type="checkbox"/> Religious School <input type="checkbox"/> 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:**

	<u>Relationship One</u>	<u>Relationship Two</u>	<u>Relationship Three</u>	<u>Relationship Four</u>
First Name	_____	_____	_____	_____
Last Name	_____	_____	_____	_____
Relationship	_____	_____	_____	_____

Yahrzeit Information

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

	<u>Yahrzeit</u>	<u>Yahrzeit</u>	<u>Yahrzeit</u>	<u>Yahrzeit</u>
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
First Name	_____	_____	_____	_____
Last Name	_____	_____	_____	_____
Hebrew Name	_____	_____	_____	_____
Relationship	_____	_____	_____	_____
Death Date	_____	_____	_____	_____
Before/After Sunset	_____	_____	_____	_____
Hebrew Death Date	_____	_____	_____	_____

We will send active members reminders prior to the anniversary dates. Names 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 opportunities and roles available within the Sinai Temple community.

Please select any that interest you and a member of our community will be in touch.

MEMBER ONE

- Committee Participation
- Community Outreach/Marketing
- Fundraising & Development
- Caring Communities
- Event Volunteer
- Holiday/Festival Observance
- High Holy Day Torah Reading
- Temple Services
- Shabbat Torah Reading
- Shabbat/Holiday Usher

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

MEMBER TWO

- Committee Participation
- Community Outreach/Marketing
- Fundraising & Development
- Caring Communities
- Event Volunteer
- Holiday/Festival Observance
- High Holy Day Torah Reading
- Temple Services
- Shabbat Torah Reading
- 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

- The Elaine & Gerald Wolpe Parenting Center
- Douglas Family Early Childhood Center (Ages 0-3)
- Dor Chadash Young Families Group (Ages 0-6)
- Alice and Nahum Lainer School (K-8)
- Sinai Temple Religious School (STARS) (K-7)
- B'nai Mitzvah
- Beit Bracha: Religious School for children with special needs
- Chai School (Grades 8-12)
- Teen Programming (Grades 8-12)
- Atid: Sinai Temple's 20s and 30s (Ages 21-39)
- Sinai Temple Israel Center
- Choir / Musical Programming
- Adult Education: Courses, Lectures, Speakers
- Social Action Committee
- Blumenthal Library
- Sisterhood
- Men's Club
- Chai Society (Ages 55+)
- Other: _____

MEMBER TWO

- The Elaine & Gerald Wolpe Parenting Center
- Douglas Family Early Childhood Center (Ages 0-3)
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- Alice and Nahum Lainer School (K-8)
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- Chai Society (Ages 55+)
- Other: _____