

Membership Application

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.



SINAI TEMPLE

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

NAME AND ADDRESS

Please complete as thoroughly as possible. 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 Select) First Middle Last Suffix

MEMBER TWO M Mr./Mrs./Ms./Dr.
 F Salutation (Please Select) 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 Maiden Name

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

() ()

Home Phone Cell Phone

Email

Employer/Company Name Position/Title

Industry Business Street Address

City State Zip Code

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Business Phone Business Email

Principal/Owner Employee

Preferred method of contact:

- Home Cell Business Phone
 Business Email Personal Email

Were you born to a Jewish mother? Yes No

If no, did you convert to Judaism? Yes No

Date of conversion: _____

MEMBER TWO

Relationship to Member One: Spouse Other: _____

Hebrew Name Maiden Name

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

() ()

Home Phone Cell Phone

Email

Employer/Company Name Position/Title

Industry Business Street Address

City State Zip Code

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Business Phone Business Email

Principal/Owner Employee

Preferred method of contact:

- Home Cell Business Phone
 Business Email Personal Email

Were you born to a Jewish mother? Yes No

If no, did you convert to Judaism? Yes No

Date of conversion: _____

CHILDREN INFORMATION

	CHILD ONE	CHILD TWO	CHILD THREE	CHILD FOUR
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 (Ages 2-PreK) <input type="checkbox"/> Sinai Akiba Academy (K-8) <input type="checkbox"/> Religious School (K-7) <input type="checkbox"/> Other: _____	<input type="checkbox"/> The Elaine & Gerald Wolpe Parenting Center <input type="checkbox"/> Douglas Family Early Childhood Center (Ages 2-PreK) <input type="checkbox"/> Sinai Akiba Academy (K-8) <input type="checkbox"/> Religious School (K-7) <input type="checkbox"/> Other: _____	<input type="checkbox"/> The Elaine & Gerald Wolpe Parenting Center <input type="checkbox"/> Douglas Family Early Childhood Center (Ages 2-PreK) <input type="checkbox"/> Sinai Akiba Academy (K-8) <input type="checkbox"/> Religious School (K-7) <input type="checkbox"/> Other: _____	<input type="checkbox"/> The Elaine & Gerald Wolpe Parenting Center <input type="checkbox"/> Douglas Family Early Childhood Center (Ages 2-PreK) <input type="checkbox"/> Sinai Akiba Academy (K-8) <input type="checkbox"/> Religious School (K-7) <input type="checkbox"/> Other: _____

For additional children, please attach a supplemental page.

RELATIONSHIPS

Do you have any relatives who are current Sinai Temple members? Yes No **If Yes, please list:**

	RELATIONSHIP ONE	RELATIONSHIP TWO	RELATIONSHIP THREE	RELATIONSHIP FOUR
First Name	_____	_____	_____	_____
Last Name	_____	_____	_____	_____
Relationship	_____	_____	_____	_____

For additional relationships, please attach a supplemental page

Yahrzeit Information

	Yahrzeit	Yahrzeit	Yahrzeit	Yahrzeit
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	_____	_____	_____	_____
Middle Name	_____	_____	_____	_____
Last Name	_____	_____	_____	_____
Hebrew Name	_____	_____	_____	_____
Relationship	_____	_____	_____	_____
Death Date	_____	_____	_____	_____
Before/After Sunset	_____	_____	_____	_____
Hebrew Death Date	_____	_____	_____	_____

We will send active members reminders prior to the yahrzeit dates. Names will be read during the morning Shabbat service prior to the yahrzeit. For additional yahrzeit information, please attach a supplemental page.

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 INTERESTS

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

- Adult Education: Courses, Lectures, Speakers
- Atid: Sinai Temple's 20s and 30s (*Ages 21-39*)
- Beit Bracha: *Religious School for children with special needs*
- B'nai Mitzvah
- Chai School (*Grades 8-12*)
- Chai Society (*Ages 55+*)
- Choir / Musical Programming
- Committee Participation
- Dor Chadash Young Families Group (*Ages 0-6*)
- Douglas Family Early Childhood Center (*Ages 2-PreK*)
- The Elaine & Gerald Wolpe Parenting Center
- Event Volunteering
- High Holy Day Torah Reading
- Men's Club
- Shabbat Torah Reading
- Shabbat/Holiday Ushering
- Sinai Akiba Academy (*K-8*)
- Sinai Temple Israel Center
- Sinai Temple Religious School (ST☆RS) (*K-7*)
- Sisterhood
- Social Action
- Teen Programming (*Grades 8-12*)
- Other: _____

MEMBER TWO

- Adult Education: Courses, Lectures, Speakers
- Atid: Sinai Temple's 20s and 30s (*Ages 21-39*)
- Beit Bracha: *Religious School for children with special needs*
- B'nai Mitzvah
- Chai School (*Grades 8-12*)
- Chai Society (*Ages 55+*)
- Choir / Musical Programming
- Committee Participation
- Dor Chadash Young Families Group (*Ages 0-6*)
- Douglas Family Early Childhood Center (*Ages 2-PreK*)
- The Elaine & Gerald Wolpe Parenting Center
- Event Volunteering
- High Holy Day Torah Reading
- Men's Club
- Shabbat Torah Reading
- Shabbat/Holiday Ushering
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- Sinai Temple Israel Center
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- Sisterhood
- Social Action
- Teen Programming (*Grades 8-12*)
- Other: _____

CAR INFORMATION

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

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Primary Driver	Driver's Cell Phone	Make	Model	Color	License Plate
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Primary Driver	Driver's Cell Phone	Make	Model	Color	License Plate
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Primary Driver	Driver's Cell Phone	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.

Photography Release: For consideration and for promotional use by Sinai Temple, the undersigned consent(s) to irrevocably grant to Sinai Temple the right to take your photograph, record you, or use your image, silhouette, and/or other reproductions of your physical likeness, as well as your voice and/or words, for all purposes related to marketing and promotion of Sinai Temple, across all media. These rights are granted in perpetuity. You hereby certify that you have read the foregoing and fully understand the meaning and effect thereof. Questions? Please contact stcommunications@sinaitemple.org or call (310) 481-3256.

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/we affirm that all of the information on this application is correct.

X

Signature **Member One**

Date

X

Signature **Member Two**

Date

X

Signature of **Staff**

Date