



MEMBERSHIP INFORMATION

We are delighted you have chosen to join the Temple Sinai community!

MEMBER A: _____

MEMBER B: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PREFERRED PHONE: _____

WEDDING ANNIVERSARY DATE *(if applicable)*: _____

	MEMBER A	MEMBER B
BIRTH DATE:		
PREFERRED EMAIL: <i>(please print clearly)</i>		
CELL PHONE:		
OCCUPATION/TITLE:		
PLACE OF EMPLOYMENT:		
HEBREW NAME: <i>(if applicable)</i>		
CURRENT RELIGIOUS OR COMMUNITY AFFILIATIONS:		

CHILDREN

FIRST AND LAST NAME: _____ NICKNAME: _____
HEBREW NAME: _____
BIRTH DATE: _____ SCHOOL GRADE: _____

FIRST AND LAST NAME: _____ NICKNAME: _____
HEBREW NAME: _____
BIRTH DATE: _____ SCHOOL GRADE: _____

FIRST AND LAST NAME: _____ NICKNAME: _____
HEBREW NAME: _____
BIRTH DATE: _____ SCHOOL GRADE: _____

FIRST AND LAST NAME: _____ NICKNAME: _____
HEBREW NAME: _____
BIRTH DATE: _____ SCHOOL GRADE: _____

Yahrzeits

NAME	RELATIONSHIP	DATE OF DEATH (English Calendar)	AFTER SUNSET?	DATE OF DEATH (Hebrew Calendar)*
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	

**The names of deceased loved ones listed above will be read at services on the Shabbat during the week of the anniversary of their death (English calendar). If you prefer that we use the Hebrew date, please complete box noted Hebrew Calendar. – we can identify the Hebrew date for you if desired.*

ADDITIONAL INFORMATION

We would like to help you find ways to connect and become engaged in our community. Please let us know if you would like to be contacted about the following activities, committees, support groups or programs at Temple Sinai. Please indicate with initials which member is interested.

- | | |
|--|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Multiracial Sinai |
| <input type="checkbox"/> Archives | <input type="checkbox"/> Nursery School |
| <input type="checkbox"/> Building & Grounds | <input type="checkbox"/> Religious School |
| <input type="checkbox"/> Choir/Music | <input type="checkbox"/> Ritual |
| <input type="checkbox"/> Communication | <input type="checkbox"/> SinaiCares (member to member support) |
| <input type="checkbox"/> Daytimers (daytime speaker series) | <input type="checkbox"/> Sinai House (assisted housing) |
| <input type="checkbox"/> Development/Fundraising | <input type="checkbox"/> Social Action |
| <input type="checkbox"/> Environment/Green Team | <input type="checkbox"/> Volunteering at Temple Sinai |
| <input type="checkbox"/> Interfaith Couples | <input type="checkbox"/> Women of Reform Judaism (sisterhood) |
| <input type="checkbox"/> Israel Affairs | <input type="checkbox"/> YAWS (parents of young adults who are struggling) |
| <input type="checkbox"/> Library | <input type="checkbox"/> Young Adults (20's & 30's) |
| <input type="checkbox"/> Member Engagement | <input type="checkbox"/> Youth (programs & youth groups) |
| <input type="checkbox"/> Men of Reform Judaism (brotherhood) | |

Check here if you would like to learn more about our cemetery at the Garden of Remembrance.

Please note any special areas of expertise you may wish to share, or concerns you would like addressed:

Why are you joining Temple Sinai? *(check all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Looking to join a community | <input type="checkbox"/> To prepare my child for a Bar/Bat Mitzvah |
| <input type="checkbox"/> Impressed with the clergy | <input type="checkbox"/> Attend High Holy Day services |
| <input type="checkbox"/> I/we have friends/family who are members | <input type="checkbox"/> Want clergy member to marry us |
| <input type="checkbox"/> To register my child for Religious School | <input type="checkbox"/> Want clergy member to help in converting |
| <input type="checkbox"/> Transitioning from the Nursery School | <input type="checkbox"/> Other: _____ |

Temple Sinai strives to ensure there are no barriers to participation in anything we offer. We encourage you to let us know if you or a family member needs accommodations:

- Please contact me about accommodations for those with a disability or other special need.
- I/family member have the following disability/special need: _____

Member Support Pledge Form
For Fiscal Year June 1, 2022 – May 31, 2023

I/WE HEREBY MAKE AN APPLICATION FOR MEMBERSHIP in Temple Sinai, agree to abide by its Constitution, By-Laws, and regulations authorized by the Board of Trustees, and hope to become as fully involved as possible in the programs of the congregation. I/We recognize that Temple Sinai, as a non-profit institution, must be supported fully by its members, and I/we pledge to undertake a reasonable share of fiscal responsibility.

Gross Household Income	Financial Commitment
Over \$348,000	<input type="checkbox"/> \$5,390 or \$_____ (more)*
\$279,000 - 348,000	<input type="checkbox"/> \$4,850
\$236,000 - 278,999	<input type="checkbox"/> \$4,417
\$192,000 - 235,999	<input type="checkbox"/> \$3,650
\$164,000 - 191,999	<input type="checkbox"/> \$3,015
Below \$164,000	<input type="checkbox"/> \$2,783
Special Categories for Gross Household Income Less Than \$164,000	Financial Commitment
Age 67 and above	<input type="checkbox"/> \$1,963
Age 35 and under	<input type="checkbox"/> \$360
Full-time student	<input type="checkbox"/> \$180
Active military service family	<input type="checkbox"/> \$180
Single active military service member	<input type="checkbox"/> \$36
Complimentary 1 st Year (<i>child of a member</i>)	<input type="checkbox"/> \$0

*The financial commitment levels listed in the table reflect approximately 1-1.75% of gross household income. If your household income exceeds \$348,000, consider increasing your financial commitment to a level equal to 1-1.75% of your gross household income.

I/We pledge an annual member financial contribution of \$ _____ for this current fiscal year and include payment for a minimum of the first ¼ annual member financial commitment, with the remainder to be paid during the fiscal year.

No one will be denied membership because of financial circumstances. If your situation warrants it, please contact the Executive Director or Member Relations and Engagement for individual consideration.

Temple Sinai's membership fees cover only 68% of the congregation's annual operating budget. We rely on voluntary contributions to fully fund our community's activities. If your circumstances allow, please consider an additional contribution. Thank you for giving!

Additional contribution to support Temple Sinai: \$ _____

Capital Fund pledges are based on members' shared responsibilities for payment of capital costs, and they are the only means Temple Sinai has of meeting its capital expenses. Members who pay standard member financial commitment agree to pay the minimum pledge of \$3,000, which is an obligation of membership.

I/We agree to make a Capital Fund pledge of \$ _____ payable in equal installments over five (5) consecutive years beginning with the year of membership.

SIGNATURES: MEMBER A: _____ DATE: _____
MEMBER B: _____ DATE: _____
EXECUTIVE DIRECTOR: _____ DATE: _____