

# TEMPLE SINAI

509 Broadway, Saratoga Springs, NY12866 • (518) 584-8730 • www.saratogasinai.org • office@saratogasinai.org

## MEMBERSHIP APPLICATION

### ADULTS

<b>Member One:</b>		<input type="checkbox"/> Jewish <input type="checkbox"/> Non-Jewish
DOB:	email:	Phone:
Occupation:		Employer:

*Please provide information regarding your religious background or previous affiliations:*

<b>Member Two:</b>		<input type="checkbox"/> Jewish <input type="checkbox"/> Non-Jewish
DOB:	email:	Phone:
Occupation:		Employer:

*Please provide information regarding your religious background or previous affiliations:*

**Home Address:**

City:	State & Zip:	Home Phone:
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### CHILDREN

Name	DOB & Gender	School & Grade

### Yahrzeit Dates

Name & Relationship	Date of Death & if B/A (Before/After Sunset)	Observance (Hebrew or Secular)

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### SKILLS, AND SPECIAL TALENTS

*Our congregation's greatest resource is its membership. Maintaining a "skills bank" allows us to invite you to get involved in particular activities. Please indicate if you have special skills or talents you could share (ex. finance, law, PR, Torah reading, baking musical instrument, computers skills, etc.):*

M1 (Member 1):

M2 (Member 2):

### PROGRAM INTERESTS

*Which of the following programs are you interested and willing to participate in (please indicate M1 and/or M2 next to each):*

- Adult Education – Currently offering Hebrew, Torah Study, Adult Bar/Bat Mitzvah, and Jewish Viewpoints on Contemporary issues. Please make additional interests known:
- Brotherhood
- Caring Community – Visit congregants in nursing homes, and ill in the hospital/private home, provide aid to Temple members who have suffered losses, prepare and deliver holiday baskets to Jewish residents of area nursing homes.
- Child Care During Shabbat Services
- Havurah Vatik – Provides program opportunities for couples & singles aged 55+, to become acquainted socially.
- Parent and Tot Playgroup
- Sisters Ami (Sisterhood)

### COMMITTEES

*The vitality of the congregation depends on the active participation of members. We encourage you to become involved in the life of our community, and promise to respect the limits on your time. Please indicate on which of the following committees you would like to serve (please indicate M1 or M2 next to your checked items):*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Adult Education               | <input type="checkbox"/> Education     | <input type="checkbox"/> Rabbis' Contract    |
| <input type="checkbox"/> Brotherhood                   | <input type="checkbox"/> Endowment     | <input type="checkbox"/> Ritual              |
| <input type="checkbox"/> Business & Government Affairs | <input type="checkbox"/> Fundraising   | <input type="checkbox"/> Safety & Security   |
| <input type="checkbox"/> Caring Community              | <input type="checkbox"/> Havurah Vatik | <input type="checkbox"/> Sisters Ami         |
| <input type="checkbox"/> Cemetery                      | <input type="checkbox"/> Library       | <input type="checkbox"/> Social Action       |
| <input type="checkbox"/> Chevra Kadisha                | <input type="checkbox"/> Membership    | <input type="checkbox"/> Tablet (Newsletter) |
| <input type="checkbox"/> Communications                | <input type="checkbox"/> Personnel     | <input type="checkbox"/> Technology          |

### SIGNATURES & AUTHORIZATIONS

**Member One:**

Date:

**Member Two:**

Date:

*Do you want to receive weekly service/event emails (we add your email to Constant Contact)?*  Yes  No

*May the Temple include your contact information in our membership directory?*  Yes  No

*May the Temple email you forms to be filled out, as opposed to US Postal Services?*  Yes  No

*May the Temple include photos of you & your children in our online and print announcements?*  Yes  No

**OFFICE USE ONLY:** ID #: \_\_\_\_\_ DATE: \_\_\_\_\_

Please return to: **Temple Sinai, 509 Broadway, Saratoga Springs, NY 12866**