

TEMPLE SINAI

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MEMBERSHIP APPLICATION

ADULTS

Member One Name:

Jewish Non-Jewish

DOB:

email:

Phone:

Member Two Name:

Jewish Non-Jewish

DOB:

email:

Phone:

Home Address:

City:

State & Zip:

Home Phone:

CHILDREN

Name

DOB

School & Grade

Yahrzeit Dates

Name & Relationship

Date of Death & if B/A
(Before/After Sunset)

Observance
(Hebrew or Secular)

WOULD YOU LIKE MORE INFORMATION ABOUT OUR PROGRAMS AND COMMITTEES? ____

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

OFFICE USE ONLY: ID #: _____ DATE: _____

Please return to: Temple Sinai, 509 Broadway, Saratoga Springs, NY 12866 or office@saratogasinai.org