

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