



MEMBERSHIP Information Form

1401 N. Limekiln Pike / Dresher, PA 19025 / 215.643.6510 / www.tsinai.com

DATE: _____

ADULT HOUSEHOLD MEMBERS

ADULT ONE Mr. Mrs. Ms. Dr. _____
First Middle Last

ADULT TWO Mr. Mrs. Ms. Dr. _____
First Middle
 Last

Home Address _____ City _____ State _____ Zip _____

Single Engaged Married Partnered Separated Divorced Widow/er _____
Wedding Anniversary if Applicable (mm/dd/yy)

MEMBER INFORMATION

Adult One

Preferred Name _____		Gender _____	
Hebrew Name _____			
<input type="checkbox"/> Cohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael <input type="checkbox"/> Converted			
Birthdate (mm/dd/yy) _____		Bar/t Mitzvah Date (mm/dd/yy) _____	
Home Phone _____		Cell Phone _____	
Preferred Email Address _____			
Employer /Company Name _____			
Occupation _____		Business Phone _____	
<input type="checkbox"/> Principal/Owner <input type="checkbox"/> Employee <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Retired/NA			
Preferred Method of contact: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Business Phone <input type="checkbox"/> Email			
RELIGIOUS BACKGROUND:			
Born to Jewish <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Neither			
Converted to Judaism: _____			
Date		Location	
Current or Previous Congregational Affiliations			
Name _____		Dates _____	

Adult Two

Preferred Name _____		Gender _____	
Hebrew Name _____			
<input type="checkbox"/> Cohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael <input type="checkbox"/> Converted			
Birthdate (mm/dd/yy) _____		Bar/t Mitzvah Date (mm/dd/yy) _____	
Home Phone _____		Cell Phone _____	
Preferred Email Address _____			
Employer /Company Name _____			
Occupation _____		Business Phone _____	
<input type="checkbox"/> Principal/Owner <input type="checkbox"/> Employee <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Retired/NA			
Preferred Method of contact: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Business Phone <input type="checkbox"/> Email			
RELIGIOUS BACKGROUND:			
Born to Jewish <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Neither			
Converted to Judaism: _____			
Date		Location	
Current or Previous Congregational Affiliations			
Name _____		Dates _____	

CHILDREN INFORMATION

	Child One	Child Two	Child Three	Child Four
First Name	_____	_____	_____	_____
Last Name	_____	_____	_____	_____
Hebrew Name	_____	_____	_____	_____
Birthdate	_____	_____	_____	_____
Gender	_____	_____	_____	_____
School	_____	_____	_____	_____
Grade	_____	_____	_____	_____
Plan to Enroll in	<input type="checkbox"/> Infant Center / Preschool <input type="checkbox"/> Religious School <input type="checkbox"/> Sinai High	<input type="checkbox"/> Infant Center / Preschool <input type="checkbox"/> Religious School <input type="checkbox"/> Sinai High	<input type="checkbox"/> Infant Center / Preschool <input type="checkbox"/> Religious School <input type="checkbox"/> Sinai High	<input type="checkbox"/> Infant Center / Preschool <input type="checkbox"/> Religious School <input type="checkbox"/> Sinai High

RELATIONSHIPS

Do you have any relatives or friends who are current Temple Sinai Members? Yes No

- | | | |
|------------|-----------|--------------|
| _____ | _____ | _____ |
| First name | Last Name | Relationship |
- | | | |
|------------|-----------|--------------|
| _____ | _____ | _____ |
| First name | Last Name | Relationship |
- | | | |
|------------|-----------|--------------|
| _____ | _____ | _____ |
| First name | Last Name | Relationship |

Yahrzeit INFORMATION

We will send you a reminder each year. The name of your beloved will be read during the Shabbat services prior to the yahrzeit date.

	Yahrzeit	Yahrzeit	Yahrzeit	Yahrzeit
First Name	_____	_____	_____	_____
Last Name	_____	_____	_____	_____
Gender	_____	_____	_____	_____
Hebrew Name	_____	_____	_____	_____
Relationship	_____	_____	_____	_____
Secular Date of Death	_____	_____	_____	_____
Before/After Sundown	<input type="checkbox"/> Before <input type="checkbox"/> After	<input type="checkbox"/> Before <input type="checkbox"/> After	<input type="checkbox"/> Before <input type="checkbox"/> After	<input type="checkbox"/> Before <input type="checkbox"/> After
Hebrew Date Of Death	_____	_____	_____	_____

COMMUNITY INVOLVEMENT AND PARTICIPATION

At Temple Sinai, we believe that joining a congregation is an opportunity for community involvement and personal growth. We encourage all congregants to become involved in as many aspects of our congregational life as possible. Please indicate which of these areas interest you by checking the appropriate boxes. Your participation will help strengthen our community and will make your synagogue experience more meaningful.

PARTICIPATION OPPORTUNITIES	NAME _____	NAME _____
RITUAL		
Greeting/Ushering at Services	<input type="checkbox"/>	<input type="checkbox"/>
Help to Lead Services	<input type="checkbox"/>	<input type="checkbox"/>
Reading Haftarah	<input type="checkbox"/>	<input type="checkbox"/>
Reading Torah	<input type="checkbox"/>	<input type="checkbox"/>
Attend Daily Minyan	<input type="checkbox"/>	<input type="checkbox"/>
GROUPS		
Hazak (Adults 55+)	<input type="checkbox"/>	<input type="checkbox"/>
Men's Club	<input type="checkbox"/>	<input type="checkbox"/>
Preschool PTO	<input type="checkbox"/>	<input type="checkbox"/>
Religious School PTO	<input type="checkbox"/>	<input type="checkbox"/>
Sisterhood	<input type="checkbox"/>	<input type="checkbox"/>
TALENTS & INTERESTS		
Art / Painting	<input type="checkbox"/>	<input type="checkbox"/>
Baking / Cooking / Catering	<input type="checkbox"/>	<input type="checkbox"/>
Building Repairs / Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Computer / Technology	<input type="checkbox"/>	<input type="checkbox"/>
Crafting / Sewing / Needlework	<input type="checkbox"/>	<input type="checkbox"/>
Financial Management / Budgeting	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>
Gardening / Landscaping	<input type="checkbox"/>	<input type="checkbox"/>
Hebrew Literacy	<input type="checkbox"/>	<input type="checkbox"/>
Interfaith Outreach	<input type="checkbox"/>	<input type="checkbox"/>
Israel Action / Advocacy	<input type="checkbox"/>	<input type="checkbox"/>
Jewish Studies / Adult Education	<input type="checkbox"/>	<input type="checkbox"/>
Marketing / Public Relations	<input type="checkbox"/>	<input type="checkbox"/>
Music / Choir	<input type="checkbox"/>	<input type="checkbox"/>
Reading / Book Club	<input type="checkbox"/>	<input type="checkbox"/>
Social Action / Chesed	<input type="checkbox"/>	<input type="checkbox"/>
Sports	<input type="checkbox"/>	<input type="checkbox"/>
Theatre / Singing / Dancing	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any handicap or special needs issues that you would like us to be aware of?
