

Temple Sinai Member Information Form

If you need to provide any information that does not fit on this form, please add additional sheets as necessary.

FAMILY/HOUSEHOLD NAME: (Please Print)

_____ # In Household: _____

ADDRESS

Street: _____

City: _____ State: _____

ZIP: _____

ADULT MEMBER (1):

Name: _____ Hebrew Name: _____

E-mail address: _____

Day Phone: _____ Evening Phone: _____ Cell: _____

Birthday: _____ Anniversary: _____

ADULT MEMBER (2):

Name: _____ Hebrew Name: _____

E-mail address: _____

Day Phone: _____ Evening Phone: _____ Cell: _____

Birthday: _____ Anniversary: _____

MINOR CHILDREN:

Name: _____ Male Female

Hebrew Name: _____

E-mail address: _____

Birthday: _____ Age: _____

Will s/he be enrolled in Religious School this coming year? ____ Yes ____ No

Name: _____ Male Female

Hebrew Name _____

E-mail address: _____

Birthday: _____ Age: _____

Will s/he be enrolled in Religious School this coming year? ____ Yes ____ No

Name: _____ Male Female

Hebrew Name: _____

E-mail address: _____

Birthday: _____ Age: _____

Will s/he be enrolled in Religious School this coming year? ____ Yes ____ No

MISCELLANEOUS

Do you have special skills that we can tap to help the synagogue? _____

Are there any particular needs or concerns that you have that we may address? _____

Please check your interests:

- Jewish Culture (cooking, movies, books, etc.)
- Israel Topics
- Lunch & Learn events
- "How to" Holiday Celebrations at Home
- Jewish Family Life classes or discussion
- Family Activities
- Judaic Studies (culture, history, basic Judaism, etc.)
- Torah Study
- Discussions of Jewish Views on Current Events/Issues, particularly: _____

Yahrzeits to be Recognized:

Name: _____ Relationship: _____

English Date: _____ Hebrew Date: _____

**Are you interested in commemorating this Yahrzeit on the Memorial Board? ___ Yes
___ No**

Name: _____ Relationship: _____

English Date: _____ Hebrew Date: _____

**Are you interested in commemorating this Yahrzeit on the Memorial Board? ___ Yes
___ No**

Name: _____ Relationship: _____

English Date: _____ Hebrew Date: _____

**Are you interested in commemorating this Yahrzeit on the Memorial Board? ___ Yes
___ No**

Name: _____ Relationship: _____

English Date: _____ Hebrew Date: _____

**Are you interested in commemorating this Yahrzeit on the Memorial Board? ___ Yes
___ No**