



1100 Dickinson St. Springfield, MA 01108 tel. 413-736-3619

Membership Application

- ☐ New Member Application
☐ I wish to rejoin

Today's Date: _____

Membership Information for Adults

Adult 1:

Full Name: _____ Hebrew Name: _____
Last First M.I.

Date of Birth: _____ Gender: _____ Preferred Pronouns: _____

Mobile Phone: _____ Email _____

Occupation: _____
(If retired, would you share your former occupation?)

Business Name: _____ Business Address: _____

Business City: _____ Business State: _____ Business Zip Code: _____

Business Telephone, Ext. _____

Adult 2:

Full Name: _____ Hebrew Name: _____
Last First M.I.

Date of Birth: _____ Gender: _____ Preferred Pronouns: _____

Mobile Phone: _____ Email _____

(Adult 2 Continued)

Occupation: _____

(If retired, would you share your former occupation?)

Business
Name: _____

Business
Address: _____

Business
City: _____

Business State: _____

Business Zip Code: _____

Business Telephone,
Ext. _____

If you are married, please tell us the date of your wedding anniversary
(MM/DD/YYYY): _____

Home Address: (Mail will be sent to your home address unless you request otherwise)

Address: _____

Street Address

Apartment/Unit #

City

State

Zip Code

Home Phone: _____

Email
Address: _____

Mobile Phone: _____

Fax: _____

Mailing Address: (If different from above)

Starting Date: _____

Ending Date: _____

Address: _____

Street Address

Apartment/Unit #

City

State

Zip Code

Home Phone: _____

Dependent Children:

How Many Dependent Children do you
have? _____

Full
Name: _____

Date of Birth: _____

Gender: _____

Preferred
Pronouns: _____

If College Student, Name & Address at School: _____

Full Name: _____ Date of Birth: _____ Gender: _____ Preferred Pronouns: _____

If College Student, Name & Address at School: _____

Full Name: _____ Date of Birth: _____ Gender: _____ Preferred Pronouns: _____

If College Student, Name & Address at School: _____

Full Name: _____ Date of Birth: _____ Gender: _____ Preferred Pronouns: _____

If College Student, Name & Address at School: _____

Independent Children:

How Many Independent Children do you have? _____

Full Name: _____ Date of Birth: _____ Gender: _____ Preferred Pronouns: _____

Address: _____ Email: _____

Full Name: _____ Date of Birth: _____ Gender: _____ Preferred Pronouns: _____

Address: _____ Email: _____

Full Name: _____ Date of Birth: _____ Gender: _____ Preferred Pronouns: _____

Address: _____ Email: _____

Full Name: _____ Date of Birth: _____ Gender: _____ Preferred Pronouns: _____

Address: _____ Email: _____

Other Family Members:

Additional Family Members Living In Your Home _____

Adult Opportunities at Sinai

The following is a partial list of some Temple programs and activities. Please check the ones in which you would like to participate. Let us also know of other interests, skills, and abilities you wish to share with the congregation.

Jewish Learning for Adults

- ☐ Adult 1 Sinai offers many learning opportunities such as: Saturday morning Torah Study, Wednesday Text Study, Book Group, Movie Havurah, and possibly Adult Bar/Bat Mitzvah.
- ☐ Adult 2 Whether you are a beginner or beyond, there is a place for you to grow at Sinai.

Caring Community Committee

- ☐ Adult 1 Reaches out to fellow congregants in difficult times.
- ☐ Adult 2

Social Action Committee

- ☐ Adult 1 Focuses on issues of justice with programs to help congregants become involved in "repairing our world"
- ☐ Adult 2

Choir

- ☐ Adult 1 Sings during the High Holidays. Neither sight reading nor Hebrew is required.
- ☐ Adult 2

Ritual Committee

- ☐ Adult 1 Participates in the process of shaping our services and holiday celebrations.
- ☐ Adult 2

Religious School (B'Yachad) Committee

- ☐ Adult 1 Oversees our Religious School program, a joint project with Temple Beth El.
- ☐ Adult 2

Membership Committee

- ☐ Adult 1 Recruits new members, integrates them into the Sinai Temple community.
- ☐ Adult 2

Interests, Skills, and Abilities

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We can always use the varied capabilities of each of our congregants. Do you have any skills that enable you to help Sinai Temple from time to time? Examples: Religious school education, building improvement, photography, computers, graphic design, music, office, and anything else you can imagine.

Yahrzeit Observances

Please list names and dates of loved ones for whom you wish Yahrzeit (remembrance) notices sent. Names will be read annually at the Friday evening service following the Yahrzeit date. We can observe either the Hebrew or English date, as you indicate. If Hebrew, it will be calculated from the English date you enter.

Name of Deceased: _____ Relationship to Member: _____

Date of Death: _____ Observe on: ☐ English Date
☐ Hebrew Date

Name of Deceased: _____ Relationship to Member: _____

Date of Death: _____ Observe on: ☐ English Date
☐ Hebrew Date

Name of Deceased: _____ Relationship to Member: _____

Date of Death: _____ Observe on: ☐ English Date
☐ Hebrew Date

Name of Deceased: _____ Relationship to Member: _____

Date of Death: _____ Observe on: ☐ English Date
☐ Hebrew Date

Name of Deceased: _____ Relationship to Member: _____

Date of Death: _____ Observe on: ☐ English Date
☐ Hebrew Date

Name of Deceased: _____ Relationship to Member: _____

Date of Death: _____ Observe on: ☐ English Date
☐ Hebrew Date

Name of Deceased: _____ Relationship to Member: _____

Date of Death: _____ Observe on: ☐ English Date
☐ Hebrew Date

Statement of Support

The chart below outlines our Support Structure for this coming year. Please note the amounts do not include Religious School Tuition. Information for Religious School Tuition is available separately upon request.

Under 30 single/couple	No fee
Ages 31-32 single	\$351.00
Ages 31-32 couple	\$546.00
Ages 33-34 single	\$717.00
Ages 33-34 couple	\$1,083.00
35-70 singles	\$1,410.00
35-70 couple	\$2,159.00
71+ single	\$1,088.00
71+ couple	\$1,410.00
Out-of-town single	\$711.00
Out-of-town couple	\$1,088.00
Associate Member/member at another temple	\$634.00

Additionally, following the practices of the Reform Movement, we ask all households to support the ongoing maintenance of our building by contributing \$100 per year to the Building Fund for the first ten years of membership.

Our Temple works under a modified Fair Share System in which those members who are willing and able to participate at a higher level can do so through the Sustaining Member Program. Approximately sixty households contribute in this way. If you are interested, we will be happy to provide details, or you can learn more at our Sustaining Member Page at <https://sinaitemple.shulcloud.com/smp>.

If you find that, because of your financial situation, you are unable to contribute what would be a standard financial commitment, we ask that you complete the Membership Application, but leave the Pledge amount field below blank. Instead, we request that you submit a Fair Share Adjustment Form along with your Membership Application--your pledge commitment will be part of the Fair Share request. We are a congregation that takes great pride in never turning away members due to their financial circumstances. All requests for adjustment are processed in strict confidence through the Fair Share process. This form can be found at <https://sinaitemple.shulcloud.com/memfairshare>

I/We agree to pay the following
annual membership pledge for the fiscal year _____

In the amount of: _____

I/We understand that a \$100 Building Fund commitment is added to our Membership Pledge for the first 10 years of membership. Sinai Temple requests that you pay at least 2/3 of your membership pledge prior to the High Holidays, with the balance paid by December 31, unless paying by credit card or on an approved payment schedule.

Payment Schedule: _____

Please note the following if you wish to pay by Credit Card:

If you would like your Sinai Temple Annual Membership Pledge and Building Fund to be billed through your VISA or Mastercard, choose one of the options below by marking the box next to the desired option. Please note that billing begins in June, and that 3% of the total amount charged, to cover Temple credit card fees, will be added to your payments and are, of course, tax deductible to the full extent of the law.

Option for Credit Card

- ☐ No Credit Card - Bill me by mail
- ☐ OPTION 1: This authorizes Sinai Temple to bill my Annual Membership Pledge and Building Fund plus 3% of the total for credit card fees through my credit card in four equal installments. These installments will be billed in June, September, January and March of each Temple fiscal year
- ☐ OPTION 2: This authorizes Sinai Temple to bill my Annual Membership Pledge and Building Fund plus 3% of the total for credit card fees through my credit card in ten equal installments. These installments will be billed monthly beginning in June and ending in March of each Temple fiscal year.

VISA/MASTERCARD #: _____ EXPIRATION DATE: _____

SIGNATURE: _____ DATE: _____