



FAMILY INFORMATION FORM
2020-2021

ADULT # 1

Mr. Ms. Mrs. Dr. Other: _____

LAST NAME FIRST NAME NICKNAME

DATE OF BIRTH GENDER M F Other: _____

RELIGIOUS AFFILIATION HEBREW NAME (IF APPLICABLE)

BAR / BAT MITZVAH DATE EMAIL ADDRESS

JOB TITLE CELL / WORK PHONES

MARITAL STATUS & CUSTODY SITUATION (if applicable)

ADULT # 2

Mr. Ms. Mrs. Dr. Other: _____

LAST NAME FIRST NAME NICKNAME

DATE OF BIRTH GENDER M F Other: _____

RELIGIOUS AFFILIATION HEBREW NAME (IF APPLICABLE)

BAR / BAT MITZVAH DATE EMAIL ADDRESS

JOB TITLE CELL / WORK PHONES

MARITAL STATUS & CUSTODY SITUATION (if applicable)



FAMILY INFORMATION FORM (continued)

2020–2021

HOME ADDRESS

CITY

STATE & ZIP CODE

ADULT #1 ADULT #2 Other: _____

BILLING EMAIL

DATE OF BIRTH

GENDER

HOME PHONE

ANNIVERSARY DATE (IF APPLICABLE)

HOW WOULD YOU LIKE TO BE ADDRESSED IN LETTERS? Dear _____

HOW WOULD YOU LIKE TO BE ADDRESSED ON ENVELOPES? _____

PREFERRED COMMUNICATION METHOD? EMAIL MAIL PHONE

HOW DID YOU HEAR ABOUT TEMPLE SINAI? _____

REASON(S) FOR JOINING _____

RELATIVES WHO ARE ALSO MEMBERS OF TEMPLE SINAI _____



FAMILY INFORMATION FORM (continued)

2020-2021

CHILD(REN)

Form for child 1: LAST NAME, FIRST NAME, NICKNAME, DATE OF BIRTH, GRADE, GENDER (M, F, Other), BAR / BAT MITZVAH DATE, HEBREW NAME (IF APPLICABLE), NAME OF SCHOOL (CURRENT OR FUTURE)

Form for child 2: LAST NAME, FIRST NAME, NICKNAME, DATE OF BIRTH, GRADE, GENDER (M, F, Other), BAR / BAT MITZVAH DATE, HEBREW NAME (IF APPLICABLE), NAME OF SCHOOL (CURRENT OR FUTURE)

Form for child 3: LAST NAME, FIRST NAME, NICKNAME, DATE OF BIRTH, GRADE, GENDER (M, F, Other), BAR / BAT MITZVAH DATE, HEBREW NAME (IF APPLICABLE), NAME OF SCHOOL (CURRENT OR FUTURE)



FAMILY INFORMATION FORM (continued)

2020–2021

Yahrzeits

I/we wish to commemorate the following yahrzeits

NAME OF DECEASED

ENGLISH DATE OF DEATH

FOR WHICH DATE WOULD YOU LIKE TO BE NOTIFIED OF THE UPCOMING OBSERVANCE?

ENGLISH HEBREW

PERSON TO BE NOTIFIED

RELATIONSHIP TO DECEASED

NAME OF DECEASED

ENGLISH DATE OF DEATH

FOR WHICH DATE WOULD YOU LIKE TO BE NOTIFIED OF THE UPCOMING OBSERVANCE?

ENGLISH HEBREW

PERSON TO BE NOTIFIED

RELATIONSHIP TO DECEASED

NAME OF DECEASED

ENGLISH DATE OF DEATH

FOR WHICH DATE WOULD YOU LIKE TO BE NOTIFIED OF THE UPCOMING OBSERVANCE?

ENGLISH HEBREW

PERSON TO BE NOTIFIED

RELATIONSHIP TO DECEASED



MEMBERSHIP FINANCIAL COMMITMENT 2020–2021

FAMILY INFORMATION

NAME	CELL / WORK PHONES
ADDRESS	EMAIL ADDRESS

MEMBERSHIP FINANCIAL CATEGORIES

The following categories reflect your journey of engagement here at Temple Sinai. It is important to our community that we are open and accessible to any Jewish family; at the same time, we rely on our members for financial support. Finances should not be a barrier to membership. Please contact Joseph Slade, Temple Sinai’s Executive Director, if you have questions regarding financial assistance.

Our Cornerstone Membership is the level of participation that reflects the lives of most of our membership. These levels are for individuals and families where one or more adults is 37 years of age or older, with or without children; or younger families with children in fourth grade or above. The Senior Family level is for families with one spouse age 70 or older.

The **Shalom Membership** is a level of participation aimed at younger families and individuals who are just beginning their Jewish journey at Temple Sinai. The Young Family is for families through age 36 without children or whose children are not yet old enough to enroll in Religious School. The K-2 Family group is for families whose oldest child is in kindergarten, first, or second grade. Religious school fees are waived for your oldest child in kindergarten, first, or second grade. Third Grade Family is for families whose oldest child is in the third grade.

Our **Affiliate Membership** level is for members and former members living at least 60 miles from Temple Sinai. This does not include High Holy Day tickets or congregational voting rights.

Finally, if you and your family are in a position to provide additional support to Temple Sinai, please consider becoming an **Enhanced Member** by making a contribution above and beyond the normal commitment. Your generosity enables us to meet the needs of our entire community.

In order to receive High Holy Day tickets, all previous obligations must be paid-in-full for the previous year, and you must pay one half of your 2019-2020 financial commitment.

Thank you for your support: Your financial commitment makes everything we do for our congregational community possible.

BUILDING FUND

Annual financial commitments by our members cover approximately 40% of Temple Sinai’s annual budget. We also fundraise, generate income through the Early Childhood Center, Religious School fees, and facility rentals, and rely on donations. To better plan for the future of our facility and property, Temple Sinai requires a Building Fund obligation for all new Cornerstone members and Shalom Third Grade Families.

Please check one:

- Payment in full in the first year of membership: Two thousand dollars (\$2,000.00)
- Five Year Pledge: Two thousand five hundred dollars (\$2,500.00) at five hundred dollars (\$500.00) per year



MEMBERSHIP FINANCIAL COMMITMENT (continued)
2020-2021

CORNERSTONE:

- Family: \$3,100
Single Parent: \$2,050
Single Individual: \$1,850
Senior Individual: \$1,300
Senior Family: \$2,300

SHALOM:

- Young Family: \$600
Single Individual: \$325
K-2 Family: \$1,150
3rd Grade Family: \$2,050

ENHANCED:

- Haverim (Fellows): +\$1,272
Chai (Life): +\$1,872
Re'im (Benefactors): +\$3,672
Malachim: +\$5,472

AFFILIATE:

- Single/Family: \$600

I / My family commits to:

Table with 2 columns: Membership Category Amount, Building Fund Amount (\$2,000/\$500), Annual Security Assessment, Security Staffing Fee, Enhanced Contribution, Religious School Tuition, Total for July 2020-June 2021. Includes pre-filled values of \$125 and \$225.

I / My family will make payments in:

- One payment (enclosed)
Two payments (payments due upon receipt of form & December 31)
Four payments (payments due upon receipt of form, September 30, December 31, & March 31)
Monthly payments (Electronic funds transfer [EFT] or credit card only. If you are making monthly payments and submit this form after July 15, 2020, please calculate payments based on the number of months remaining through June 2021.)

Total amount per payment: \$_____

I / My family will make payments via:

- Check
EFT from your bank account (please complete appropriate form).
Credit card (please complete appropriate form.)

I agree to abide by the payment agreement above.

SIGNATURE OF MEMBER(S)

DATE



ELECTRONIC FUNDS TRANSFER OR CREDIT CARD FORM
2020-2021

Family Name (please print): _____

PAYMENT TYPE

- CHECK
ELECTRONIC FUNDS TRANSFER (EFT) Please complete the information below.
CREDIT CARD Please complete the information below.

PAYMENT TYPE

ANNUAL (my full payment for 2020-2021)
EQUAL PAYMENTS OF
I will pay _____ Installments of \$ _____ Each between August 1, 2020 and June 1, 2021

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

Electronic Funds Transfers allow you to make payments conveniently and keep our costs down. This authorization will remain in effect beginning on the date specified below until you update the status and/or terms with Temple Sinai.
A record of charges or transfer will appear on your statement, which will serve as your receipt. Please contact us by phone at 201-568-3035 or by email at akopido@templesinaibc.org if you wish to cancel a scheduled payment. If there is an error, you must notify Temple Sinai within 15 days of the statement date or within 45 days after the charge was made. Any disputes will be handled directly between you and Temple Sinai. Temple Sinai is authorized to make adjustments or entries to correct errors.

I/We hereby authorize Temple Sinai to initiate debit entries to my/our account indicated at the bank listed below for my/our financial obligations in the amounts and at the intervals specified above.

BANK NAME CITY, STATE, ZIP

ROUTING NUMBER ACCOUNT NUMBER

CONTACT NAME(S) Please print - sign below

AUTHORIZING SIGNATURE DATE

CREDIT CARD AUTHORIZATION

NAME ON CARD CARD NUMBER

BILLING ZIP CODE EXPIRES SECURITY CODE

I/We authorize Temple Sinai to initiate payments on my credit card in the amounts and at the intervals specified above.

AUTHORIZING SIGNATURE DATE

Please return your completed form by mail to: Temple Sinai
1 Engle Street
Tenafly, NJ 07670
Or email to akopido@templesinaibc.org
Questions - Call our office at 201-568-3035