



TEMPLE SINAI MEMBERSHIP APPLICATION

75 Highland Avenue, Middletown New York 10940

845-343-1861 Fax Number: 845-343-1915

www.temple-sinai-middletown.com

[Please complete and return to the Executive Director](#)

Male/Husband's Name _____ Date of Birth _____

Female/Wife's Name _____ Date of Birth _____

Address _____ City _____
State _____ Zip _____ - _____

Single Married Anniversary Date _____

Home Phone Number () _____ - _____ Check if Unlisted

Email Addresses 1). _____ 2). _____

(M) Male/Husband's Hebrew Name _____

(F) Female/Wife's Hebrew Name _____

If Known:

Mother's Hebrew Name _____ Mother's Hebrew Name _____

Father's Hebrew Name _____ Father's Hebrew Name _____

Kohan Levi Yisrael Kohan Levi Yisrael

(M) Male/Husband's Occupation _____

Business Phone () _____ - _____

(F) Female/Wife's Occupation _____

Business Phone () _____ - _____

Are you related to other Temple Sinai members? If so, please give names and relationship.

Can you read Hebrew? y - n

Haftorah? y - n

Lead a Service? y - n

How did you hear about Temple Sinai: _____

Comments:
