



TEMPLE SINAI

## TEMPLE SINAI MEMBERSHIP APPLICATION

75 Highland Avenue, Middletown, New York 10940  
Telephone: (845) 343-1861 | Facsimile: (845) 343-1915  
www.templestinaimiddletown.com

**Please complete and return to the Executive Director**

Male/Husband's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Female/Wife's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Single:  Married:  Anniversary Date: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Check if unlisted:

Husband's Mobile #: \_\_\_\_\_ Email: \_\_\_\_\_

Wife's Mobile #: \_\_\_\_\_ Email: \_\_\_\_\_

(M) Male/Husband's Hebrew Name: \_\_\_\_\_

(F) Female/Wife's Hebrew Name: \_\_\_\_\_

***If known:***

(M) Mother's Hebrew Name: \_\_\_\_\_ (F) Mother's Hebrew Name: \_\_\_\_\_

M) Mother's Hebrew Name: \_\_\_\_\_ (F) Mother's Hebrew Name: \_\_\_\_\_

Kohan  Levi  Yisrael

Kohan  Levi  Yisrael

Male/Husband: Company: \_\_\_\_\_ Occupation \_\_\_\_\_

Business Phone#: \_\_\_\_\_

Female/Wife's: Company: \_\_\_\_\_ Occupation \_\_\_\_\_

Business Phone#: \_\_\_\_\_

**CHILDREN (Residing at home)**

**Sex**

**Date of Birth**

**School & Grade**

CHILDREN (Residing at home)	Sex	Date of Birth	School & Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ADULT (Children)**

Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

**Address** \_\_\_\_\_ **Spouse's Name** \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

**Address** \_\_\_\_\_ **Spouse's Name** \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

**Address** \_\_\_\_\_ **Spouse's Name** \_\_\_\_\_

**Yahrzeit Information:**

Name of the Deceased \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Death \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you related to any Temple Sinai member (s)? If so, please give names and relationship.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Can you read Hebrew? Y / N      Haftorah?      Have you lead a service? Y / N

How did you hear about Temple Sinai: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_