

## APPLICATION FOR MEMBERSHIP

I herewith make application for membership in Temple Sinai.

If elected, I will abide by the Constitution, By-Laws and other regulations of Temple Sinai.

It is understood that the Temple's fiscal year is from July 1 through June 30, and that membership renews itself automatically from year to year so long as I comply with the Constitution and By-Laws of the Temple.

The following dues structure has been adopted by the Board of Trustees:

- |                                      |          |
|--------------------------------------|----------|
| A. College Students                  | \$100.00 |
| B. Members under Age 25              | \$200.00 |
| C. Members 26-30 Years of Age        | \$400.00 |
| D. Members 30 Years of Age and Over: |          |

	<i>Income</i>	<i>Minimum Annual Dues</i>
Group 1	Up to \$30,000.00	\$ 770.00
Group 2	\$30,000.00 - \$50,000.00	\$ 1,050.00
Group 3	\$50,000.00 - \$75,000.00	\$ 1,450.00
Group 4	\$75,000.00 - \$100,000.00	\$ 1,850.00
Group 5	\$100,000.00 - \$150,000.00	\$ 2,250.00
Group 6	\$150,000.00 - \$200,000.00	\$ 3,000.00
Group 7	\$200,000.00 - and up	\$ 4,500.00
	<b>B'nai Sinai (Sons and Daughters of Sinai)</b>	\$ 5,000.00 - \$ 10,000.00
	<b>Ner Tamid Society</b>	\$10,000.00 and over

Special consideration will be given where a financial situation exists.

Subject to the approval of the Dues Committee and the Board of Trustees of the Congregation, I agree to pay annual Temple dues of \$ \_\_\_\_\_, payable in advance.

( ) annually    ( ) semi-annually    ( ) quarterly    ( ) monthly

I herewith submit \$ \_\_\_\_\_ to apply to my dues.

*This application must be accompanied by a check for the period of payment selected.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

Recommended by: \_\_\_\_\_



# TEMPLE SINAI

6227 St. Charles Avenue  
New Orleans, Louisiana 70118-6141  
(504) 861-3693  
Fax (504) 861-3102  
e-mail: [sinai@usa.net](mailto:sinai@usa.net)  
website: [templesinaino.org](http://templesinaino.org)

### A MESSAGE OF WELCOME

We welcome your interest in our congregation, Temple Sinai, and invite you to worship with us at regular Worship Services on Friday evenings at 6:15 p.m. and Saturday mornings at 10:15 a.m.

Temple Sinai, established in 1870, is the oldest Reform Jewish Congregation in New Orleans, and an affiliate of the Union for Reform Judaism and the Hebrew Union College.

Worship Services for the Sabbath, Festivals, and Holy Days, programs of Jewish education for children and adults, cultural activities, and the maintenance of consecrated burial grounds are integral parts of the Temple's service for its members.

The Religious School is operated under the personal supervision of our Educator and Rabbi. We begin with a pre-kindergarten class for four year olds and offer confirmation at the end of the Tenth Grade. The curriculum presents a well-rounded program of Jewish learning, including Bible, Jewish History, Ethics, Customs and Ceremonies, and Comparative Religions. Students also make curriculum, together with extra curricular activities, we seek to prepare our children to live as modern Jews in the American scene. We offer a mid-week Hebrew learning program designed to prepare students for Bar and Bat Mitzvah ceremonies.

Temple auxiliaries, such as the Youth Group, Sisterhood, Brotherhood and volunteer choir, also provide opportunities for participation in Temple life, as well as enable members to become better acquainted with one another.

A minimum dues structure has been adopted by the Board of Trustees which takes into consideration both the member's age and financial ability to pay. These dues go to meet the annual operating expenses of the Temple. The Temple Bulletin is mailed monthly to members from September through June.

Our Rabbi, Cantor, Officers, and Temple staff strive to promote the ethical and cultural values of Reform Judaism through personal service to members, through appropriate community activities, and through the involvement of members in Temple functions.

We invite you to become a member of our Temple family.

# CONGREGATION TEMPLE SINAI MEMBERSHIP QUESTIONNAIRE

## ADULT#1

Present Congregation Membership\_\_\_\_\_

Current Religious Status Jewish ( ) Non Jewish ( )

Attended Religious/Jewish Day School Yes ( ) No ( )

Bar/ Bat Mitzvah Yes ( ) No ( )

Confirmation Yes ( ) No ( )

Adult Bar Mitzvah Yes ( ) No ( )

Previous family affiliation at Temple Sinai Yes ( ) No ( )

Belonged to another Congregation in New Orleans Yes ( ) No ( )

Present Affiliation in Social, Civic, & Fraternal Organizations

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Special Talents (Please list hobbies, interests, & talents)

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## ADULT #2

Present Congregation Membership\_\_\_\_\_

Current Religious Status Jewish ( ) Non Jewish ( )

Attended Religious/Jewish Day School Yes ( ) No ( )

Bar/ Bat Mitzvah Yes ( ) No ( )

Confirmation Yes ( ) No ( )

Adult Bar Mitzvah Yes ( ) No ( )

Previous family affiliation at Temple Sinai Yes ( ) No ( )

Belonged to another Congregation in New Orleans Yes ( ) No ( )

Present Affiliation in Social, Civic, & Fraternal Organizations

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Special Talents (Please list hobbies, interests, & talents)

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**We ask you to please check the committee or programs in which you have an interest.**

Adult Education ( ) Seniors Programming ( )

Religious/Hebrew School ( ) Community Action ( )

Worship & Rituals ( ) Fundraising ( ) Membership ( )

Youth Group ( ) Young Family Programming ( )

Adult Education ( ) Seniors Programming ( )

Religious/Hebrew School ( ) Community Action ( )

Worship & Rituals ( ) Fundraising ( ) Membership ( )

Youth Group ( ) Young Family Programming ( )

CHILDREN IN THE HOME (including College Students)

Child 1  
Name(First, Middle & Last) \_\_\_\_\_

Sex \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Birth Date (month/day/year) \_\_\_\_\_ Blood Type \_\_\_\_\_

Home Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E- mail \_\_\_\_\_

Secular School \_\_\_\_\_ Grade \_\_\_\_\_

College Attending \_\_\_\_\_ Grade \_\_\_\_\_

Religious School ( ) Will attend ( ) Will not attend

Child 2  
Name(First, Middle & Last) \_\_\_\_\_

Sex \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Birth Date (month/day/year) \_\_\_\_\_ Blood Type \_\_\_\_\_

Home Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E- mail \_\_\_\_\_

Secular School \_\_\_\_\_ Grade \_\_\_\_\_

College Attending \_\_\_\_\_ Grade \_\_\_\_\_

Religious School ( ) Will attend ( ) Will not attend

Child 3  
Name(First, Middle & Last) \_\_\_\_\_

Sex \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Birth Date (month/day/year) \_\_\_\_\_ Blood Type \_\_\_\_\_

Home Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E- mail \_\_\_\_\_

Secular School \_\_\_\_\_ Grade \_\_\_\_\_

College Attending \_\_\_\_\_ Grade \_\_\_\_\_

Religious School ( ) Will attend ( ) Will not attend

Child 4  
Name(First, Middle & Last) \_\_\_\_\_

Sex \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Birth Date (month/day/year) \_\_\_\_\_ Blood Type \_\_\_\_\_

Home Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E- mail \_\_\_\_\_

Secular School \_\_\_\_\_ Grade \_\_\_\_\_

College Attending \_\_\_\_\_ Grade \_\_\_\_\_

Religious School ( ) Will attend ( ) Will not attend

If more than 4 children, please attach another sheet with the additional information

## TEMPLE SINAI FAMILY INFORMATION

**Adult #1** – Name (First, Middle, & Last)

\_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Blood Type \_\_\_\_\_

Birthday \_\_\_\_\_ (Month/Year)

Wedding Anniversary \_\_\_\_\_ (Month/Day/Year)

Occupation \_\_\_\_\_ Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Office Email \_\_\_\_\_

I am related to the following Temple Sinai Members:  
(List their names & your relationship to each)

\_\_\_\_\_

\_\_\_\_\_

In case of emergency, please notify \_\_\_\_\_

Phone Number \_\_\_\_\_

Statements: Mail to home ( ) Business ( )

Bulletins: Mail to home ( ) Business ( )

**Adult #2** – Name (First, Middle, & Last)

\_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Blood Type \_\_\_\_\_

Birthday \_\_\_\_\_ (Month/Year)

Occupation \_\_\_\_\_ Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Office Email \_\_\_\_\_

I am related to the following Temple Sinai Members:  
(List their names & your relationship to each)

\_\_\_\_\_

\_\_\_\_\_

In case of emergency, please notify \_\_\_\_\_

Phone Number \_\_\_\_\_

**Please Also Complete Back of Form (Children)**