

**TEMPLE SINAI – APPLICATION FOR MEMBERSHIP**  
11620 Warwick Boulevard, Newport News, VA 23601-2345  
(757) 596-8352 [www.templestsinai-nn.org](http://www.templestsinai-nn.org)

**FAMILY INFORMATION**

For office use only. Will not be provided to any agency.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

If married, date of marriage: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Phone(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Office: \_\_\_\_\_

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

Occupations and interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If living in your household:**

Child's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ B/G \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ B/G \_\_\_\_\_

Previous Affiliation: (Optional) \_\_\_\_\_

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**Yahrzeits**

Name of the departed will be memorialized at Shabbat Services following the anniversary according to secular or Hebrew calendar as requested.

<b>Name</b>	<b>Family Relationship</b>	<b>Date of Death</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IMAGE RELEASE**

I, \_\_\_\_\_ for good and valuable consideration, the receipt of which is hereby acknowledged, hereby irrevocably authorize TEMPLE SINAI to use photographs of me, my family, and/or my property and authorize him/(her/their and his/her/their assignees), licensees, legal representatives and transferees to use and publish (with or without my name, company name, or with a fictitious name) photographs, pictures, portraits or images herein described in any and all forms and media and in all manners including composite images or distorted representations, and the purposes of publicity, illustration, commercial art, advertising, publishing (including publishing in electronic form in CDs or internet websites), for any product or services, or other lawful uses as may be determined by TEMPLE SINAI.

I further waive any and all rights to review or approve any uses of the images, any written copy or finished product. I am of full legal age and have read and fully understand the terms of this release.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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**PLEDGE INFORMATION**

**We have Fair Share dues. The current amount is \$1,600 per year (fiscal year runs Sept. 1<sup>st</sup> – Aug. 31<sup>st</sup>). Some payment must accompany application. New members are also asked to pay a one-time pledge of \$500 to the Capital Improvement Fund, spread over four years.**

**Some members pay more than Fair Share and some members pay what they can if it is a hardship to pay their Fair Share. Additionally, dues are pro-rated by the number of months in the year: and any fees for High Holy Day Services during the same fiscal year are credited to dues. The Board of Directors votes on all applications.**

**Note that Fair Share dues pay only a portion of our operating expenses.**

**Our Constitution requires members to have paid half their dues by January 30<sup>th</sup> and the other half by June 30<sup>th</sup> to be in good standing**

**Please feel free to confer with the Finance Committee before submitting a pledge below fair share, or to outline, on this form, your circumstances. All financial information is kept confidential. You may contact Mary Beth Colgan, Temple Sinai Administrator (596-8352 or [admin@nnsinai.hrcoxmail.com](mailto:admin@nnsinai.hrcoxmail.com)), to set up an appointment with the Finance Committee members in person or by phone.**



**PLEDGE AMOUNT**

**Please check one:**

**I pledge \$1,600 Fair Share \_\_\_\_\_**

**I pledge \$ \_\_\_\_\_ (total amount) above Fair Share**

**I pledge \$ \_\_\_\_\_ (total amount) below Fair Share**

**I pledge \$ \_\_\_\_\_ to the Capital Improvement Fund**

**Members of other congregations who wish to support Temple Sinai may join as a “Friend”. Annual dues are \$400 \_\_\_\_\_**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**