

## Membership Application

Today's Date: \_\_\_\_\_

Adult #1 Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Adult #2 Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Marriage/Civil Union: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### Directory Information

Please indicate what information you would like included in the Temple Member Directory:

Adult #1: Email Address Y/N \_\_\_\_\_ Cell Phone: Y/N \_\_\_\_\_ Work Phone: Y/N \_\_\_\_\_

Adult #2: Email Address Y/N \_\_\_\_\_ Cell Phone: Y/N \_\_\_\_\_ Work Phone: Y/N \_\_\_\_\_

Home Address Y/N \_\_\_\_\_ Home Phone: Y/N \_\_\_\_\_

Please describe your/your family's religious affiliation/observance (for example: interfaith family, all members observant Reform Jews, one partner non-religious, one partner Conservative, etc.) This information helps us plan programming and events for our diverse Temple family: \_\_\_\_\_

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### Committies & Volunteering

Sinai Temple has a robust volunteer base. We depend on our membership to lead and coordinate many of our Temple's activities and events each year. Please indicate which family member is interested in volunteering on the following line.

Building & Grounds \_\_\_\_\_

Chavurah \_\_\_\_\_

Caring Committee \_\_\_\_\_

Development/Fundraising \_\_\_\_\_

Kitchen/Oneg \_\_\_\_\_

Library \_\_\_\_\_

Membership \_\_\_\_\_

Music \_\_\_\_\_

Office/Mailing Help \_\_\_\_\_

Religious Education \_\_\_\_\_

Social Action \_\_\_\_\_

Social Events \_\_\_\_\_

Ushers \_\_\_\_\_

Other (if you have other skills or talents you would like to share with us): \_\_\_\_\_

### Children

Child #1 Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Religious Education Level/Experience: \_\_\_\_\_

Child #2 Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Religious Education Level/Experience: \_\_\_\_\_

Child #3 Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Religious Education Level/Experience: \_\_\_\_\_

Child #4 Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Religious Education Level/Experience: \_\_\_\_\_

*(Please attach additional pages if needed)*

### Memorial/Yahrzeit Information

The names of deceased family members will be mentioned at the Friday evening services held in the week prior to observance of the Yahrzeit. Please list the names of those you wish to have remembered in this fashion. If you need assistance determining either the secular or Hebrew date, please contact the temple office.

Full Name of Deceased: \_\_\_\_\_

Hebrew Name of Deceased: \_\_\_\_\_

Relationship to Member (e.g. Father of Isaac Cohen): \_\_\_\_\_

Civil Date of Death: \_\_\_\_\_ Hebrew Date of Death: \_\_\_\_\_

Which date do you wish to observe:            Civil Date \_\_\_\_\_            Hebrew Date \_\_\_\_\_

Full Name of Deceased: \_\_\_\_\_

Hebrew Name of Deceased: \_\_\_\_\_

Relationship to Member (e.g. Father of Isaac Cohen): \_\_\_\_\_

Civil Date of Death: \_\_\_\_\_ Hebrew Date of Death: \_\_\_\_\_

Which date do you wish to observe:            Civil Date \_\_\_\_\_            Hebrew Date \_\_\_\_\_

Full Name of Deceased: \_\_\_\_\_

Hebrew Name of Deceased: \_\_\_\_\_

Relationship to Member (e.g. Father of Isaac Cohen): \_\_\_\_\_

Civil Date of Death: \_\_\_\_\_ Hebrew Date of Death: \_\_\_\_\_

Which date do you wish to observe:            Civil Date \_\_\_\_\_            Hebrew Date \_\_\_\_\_

Full Name of Deceased: \_\_\_\_\_

Hebrew Name of Deceased: \_\_\_\_\_

Relationship to Member (e.g. Father of Isaac Cohen): \_\_\_\_\_

Civil Date of Death: \_\_\_\_\_ Hebrew Date of Death: \_\_\_\_\_

Which date do you wish to observe:            Civil Date \_\_\_\_\_            Hebrew Date \_\_\_\_\_

Full Name of Deceased: \_\_\_\_\_

Hebrew Name of Deceased: \_\_\_\_\_

Relationship to Member (e.g. Father of Isaac Cohen): \_\_\_\_\_

Civil Date of Death: \_\_\_\_\_ Hebrew Date of Death: \_\_\_\_\_

Which date do you wish to observe:            Civil Date \_\_\_\_\_            Hebrew Date \_\_\_\_\_

*(Please attach additional pages if needed)*

## SINAI TEMPLE MEMBERSHIP

Welcome to Sinai Temple!

Although Sinai is a member of the Union for Reform Judaism and subscribes to the tenets of Reform Judaism, its membership includes all Jews: Reform, Conservative, Traditional, Secular, Cultural, etc. One of the strengths of Sinai Temple is the way in which people with these diverse views join together to create a Temple Family. The purpose of Sinai is to foster important values in Judaism such as learning, prayer, and community service.

Sinai serves the religious and educational needs of the Jewish community while providing a setting for the many Jewish social and cultural activities which take place in Champaign-Urbana. Sinai often joins with B'nai B'rith, the Champaign-Urbana Jewish Federation, the University of Illinois Hillel Foundation, and the University of Illinois Program in Jewish Culture and Society to bring to our community many important scholars, artists, speakers, politicians and performers.

### RECOMMENDED MEMBERSHIP PLEDGES

In 2011, Sinai Temple switched from a mandatory membership fee structure to a voluntary pledge system. Under our new process, each member sets his or her own level of support based on a target level of 1.6% of household income. We estimate that if families support the Temple with 1.6% of their income, we will have adequate funds to operate without a deficit. This proposal of 1.6% - or whatever you can afford - is based on our deep conviction that the vast majority of our members will be guided by their sense of responsibility to support the Jewish community in a spirit of generosity and good will, regardless of financial status.

However, we do not want finances to prohibit anyone from joining Sinai Temple. If your family is unable to contribute at the 1.6% level, please pledge an amount that is feasible and meaningful for your family. We do not request or require proof of income.

The Board believes that a strong and vital Temple benefits all of us, regardless of whether you are actively or only occasionally involved in Temple activities. It is a collaborative effort to see to it that the Temple is both financially and spiritually healthy for current – and future – generations.

### BUILDING FUND COMMITMENT

Sinai Temple maintains a Building Fund, which is used for capital repairs of our building and grounds. We request that each member family contribute \$1,500.00 towards the building fund **over the course of their memberships**. Many families choose to do this by contributing \$150.00 annually for 10 years, but this schedule is not mandatory. In recent years, our Building Fund has covered the cost of replacing two of our boilers, which was a significant cost. Having a robust Building Fund allows for these one-time, large expenditures without affecting our operating budget.

### QUESTIONS

For any questions about Membership, please contact Kathy Douglas, Sinai Temple Administrator, at 217-352-8140 or [stoffice@sinaitemplecu.org](mailto:stoffice@sinaitemplecu.org).