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 this process, each member sets his or her own level of support based on a target level of 2% of household income. We estimate that if families support the Temple with 2% of their income, we will have adequate funds to operate without a deficit. This proposal of 2% - 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 2% 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

Sinai Temple maintains a Building Fund, which is used for capital repairs of our building and grounds. We request that each member family contribute $150.00 annually towards the building fund. Having a robust Building Fund allows for these large expenditures without affecting our operating budget.

SECURITY FUND

The Security Fund is to provide financing for our increasing security needs. Each family will be assessed a $72 fee per year.

QUESTIONS

For any questions about Membership, please contact Kathy Douglas, Sinai Temple Administrator, at 217-352-8140 or stoffice@sinaitemplecu.org.
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: ____________________________________________
________________________________________________________________________
________________________________________________________________________
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

Development/Fundraising

Green Team

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 _____

(Please attach additional pages if needed)