

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 _____

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): _____

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Which date do you wish to observe: Civil Date _____ Hebrew Date _____

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(Please attach additional pages if needed)