Name _____ Date _____

Please indicate the best time and preferred phone number to call regarding this application. _____

Please submit a picture with your membership application and identify each family member. We would love to welcome you in The Shofar, our monthly newsletter.

❑ New to Las Vegas I/We have moved here from _____

PERSONAL INFORMATION

	Adult 1	**Adult 2**
Title	❑Mr. ❑ Ms. ❑ Mrs. ❑Miss ❑ Dr. ❑ Other:	❑Mr. ❑ Ms. ❑ Mrs. ❑Miss ❑ Dr. ❑ Other:
First name		
Middle name		
Nick name		
Last name		
Personal status	❑Single ❑ Partnered ❑Divorced ❑ Widowed ❑ Married, (mmddyy): _____	❑Single ❑ Partnered ❑ Divorced ❑ Widowed ❑Married, (mmddyy): _____
Date of birth (mmddyy)		
Birthplace		
Transliterated Hebrew name including parents' names		
Preferred Pronouns	❑ She, her, hers ❑ He, him, his ❑ They, them, theirs ❑ Other:	❑ She, her, hers ❑ He, him, his ❑ They, them, theirs ❑ Other:

All answers will be kept in strict confidence.

	Adult 1	Adult 2
US Military Armed Forces or Allied Country Military Armed Forces	❑ Active duty ❑ Veteran Branch _____ ❑ Not Applicable	❑ Active duty ❑ Veteran Branch _____ ❑ Not Applicable
Education, Degree		
Community involvement (activities, board affiliations, volunteer work, or related experiences)		

CONTACT INFORMATION

Primary address _____

City _____ State _____ Zip code _____

Home phone _____

Adult 1 mobile _____ Adult 2 mobile _____

Adult 1 email _____ Adult 2 email _____

Secondary address _____

City _____ State _____ Zip code _____

Home phone _____

When should we use your secondary address? _____

CAREER INFORMATION

Adult 1 occupation _____ Adult 2 occupation _____

Adult 1 employer _____ Adult 2 employer _____

Adult 1 business phone _____ Adult 2 business phone _____

- ☐ I am currently retired. My previous career is listed above.

EMERGENCY CONTACT INFORMATION (not living in your household)

Name _____

Phone _____

Relationship _____

All answers will be kept in strict confidence.

MINOR CHILDREN'S INFORMATION

If you have more than three children, please copy this page and attach the additional sheet.

	Child 1	Child 2	Child 3
First name			
Middle name			
Nickname			
Last name			
Transliterated Hebrew name			
Date of birth			
Current grade			
My child is interested in Youth Group!	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
Preferred Pronouns	❑ She, her, hers ❑ He, him, his ❑ They, them, theirs ❑ Other:	❑ She, her, hers ❑ He, him, his ❑ They, them, theirs ❑ Other:	❑ She, her, hers ❑ He, him, his ❑ They, them, theirs ❑ Other:

ADULT CHILDREN

If you have more than three adult children, please copy this page and attach the additional sheet.

	Child 1	Child 2	Child 3
First name			
Nickname			
Last name			
Date of birth			
Preferred Pronouns	❑ She, her, hers ❑ He, him, his ❑ They, them, theirs ❑ Other:	❑ She, her, hers ❑ He, him, his ❑ They, them, theirs ❑ Other:	❑ She, her, hers ❑ He, him, his ❑ They, them, theirs ❑ Other:

All answers will be kept in strict confidence.

RELATIONSHIPS

	Adult 1	Adult 2
Please list any relatives who are Temple Sinai members and their relationships to you (e.g., brother, aunt).	Name _____ Relationship _____ Name _____ Relationship _____ Name _____ Relationship _____	Name _____ Relationship _____ Name _____ Relationship _____ Name _____ Relationship _____
Do you have any friends who are members?	Name _____ _____ _____ _____	Name _____ _____ _____ _____

INCLUSION

Does anyone in your family have any special needs or require special accommodations? _____

_____

_____

Is there anything else you want us to know about you or your family? _____

_____

All answers will be kept in strict confidence.

RELIGIOUS BACKGROUND

	Adult 1	Adult 2
Please tell us about your religious background.		
Have you ever been a member of Temple Sinai? If so, when?	❑ Yes ❑ No Dates: _____	❑ Yes ❑ No Dates: _____
Most recent or current congregational affiliation	Congregation name _____ Location _____ Dates _____ Are you currently a member? ❑ Yes ❑ No	Congregation name _____ Location _____ Dates _____ Are you currently a member? ❑ Yes ❑ No
In what ways were you active in congregational life?		

YAHRZEIT INFORMATION

To receive reminders of yahrzeit dates (the anniversary of a beloved's death), please list information below. Please attach a separate sheet for additional names. You may add more yahrzeit dates by contacting the Temple office at info@templesinailv.org.

Name of deceased	**Date of death** (English date)	**Prefer to remember on the**	**Relationship**	**Of whom?**
		❑ English date ❑ Hebrew date		
		❑ English date ❑ Hebrew date		
		❑ English date ❑ Hebrew date		
		❑ English date ❑ Hebrew date		

All answers will be kept in strict confidence.