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Joe Goldovitz
Spiritual Leader

CONGREGATION SINAI MEMBERSHIP APPLICATION FORM

PERSON 1, Last Name:		First Name:	Title (Dr., Mr., Ms., etc.)
Cell Phone:	Email:		Birthday (mm/dd):
Home Phone:	Current/Former Occupation:		Wedding Date:
I am: <input type="checkbox"/> Kohen		<input type="checkbox"/> Levi	<input type="checkbox"/> Israelite
PERSON 2, Last Name:		First Name:	Title (Dr., Mr., Ms., etc.)
Cell Phone:	Email:		Birthday (mm/dd):
Home Phone:	Current/Former Occupation:		Wedding Date:
I am: <input type="checkbox"/> Kohen		<input type="checkbox"/> Levi	<input type="checkbox"/> Israelite
Address:		City:	Zip:
Community (if applicable):			

DEPENDENTS WITHIN HOUSEHOLD			
Name:	Date of Birth:	Phone:	Email:
1			
2			
3			
4			

Yahrzeits		
Name of Deceased:	Date of Death:	Remembrance Date:
1		<input type="checkbox"/> Hebrew or <input type="checkbox"/> English
2		<input type="checkbox"/> Hebrew or <input type="checkbox"/> English
3		<input type="checkbox"/> Hebrew or <input type="checkbox"/> English
4		<input type="checkbox"/> Hebrew or <input type="checkbox"/> English

PLEASE CHECK THE AREAS YOU ARE WILLING TO HELP			
<input type="checkbox"/> Advanced Planning	<input type="checkbox"/> Newsletter & Mailing	<input type="checkbox"/> Publicity	<input type="checkbox"/> Website
<input type="checkbox"/> Advertising	<input type="checkbox"/> Oneg Shabbat	<input type="checkbox"/> Ritual	<input type="checkbox"/> Other
<input type="checkbox"/> Membership & Retention	<input type="checkbox"/> Program	<input type="checkbox"/> Ways & Means	<input type="checkbox"/> _____

TYPE OF MEMBERSHIP		
<input type="checkbox"/> Individual (\$400)	<input type="checkbox"/> Family (\$800)	No separate security assessment. It is now included in membership fee
<input type="checkbox"/> Snowbird Individual (\$200)	<input type="checkbox"/> Snowbird Family (\$400)	SNOWBIRD is an area resident less than 6 months of the year and does not include High Holy Day Tickets
	Check # _____	Amount Enclosed \$ _____