



**Mailing Address:**  
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**Joe Goldovitz**  
Spiritual Leader

**CONGREGATION SINAI MEMBERSHIP APPLICATION FORM**

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

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

YAHARZEITS		
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 (\$350)	<input type="checkbox"/> Family (\$700)	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 \$ _____