



HAR SINAI MEMBERSHIP APPLICATION
 2905 Walnut Avenue, Owings Mills, MD 21117
 410-654-9393
 www.harsinai-md.org

Application date _____

Welcome to Har Sinai. We are delighted you have chosen to become part of our community. We hope that you will find membership an enriching experience and encourage you to explore the diverse opportunities for Jewish expression that Har Sinai offers. Please call upon our clergy, staff, and lay leaders whenever we can assist you in becoming part of our Har Sinai family. All information in this application will be treated confidentially. Please call our office at **410-654-9393** if you have any questions at all or need assistance in completing this application.

Personal Information

	ADULT APPLICANT 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	ADULT APPLICANT 2 <input type="checkbox"/> Male <input type="checkbox"/> Female
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____
Full Name		
By what first name do you wish to be addressed (if different from above)?		
Personal Status	<input type="checkbox"/> Single <input type="checkbox"/> Married _____ (date)	<input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Maiden Name (if applicable)		
Hebrew Name (if known/applicable)		
Date of Birth		
Birthplace		
Former city and state of residence		
Special Accommodations needed	<input type="checkbox"/> Visual impairment (large print prayer book) <input type="checkbox"/> Auditory impairment (assisted hearing devices) <input type="checkbox"/> Physically challenged <input type="checkbox"/> Other	<input type="checkbox"/> Visual impairment (large print prayer book) <input type="checkbox"/> Auditory impairment (assisted hearing devices) <input type="checkbox"/> Physically challenged <input type="checkbox"/> Other
Community and Other Affiliations		

Contact Information

How would you like your name(s) to appear on Temple mailings? We will do our best to accommodate your request within system capabilities.

Name(s): _____

Home address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Cell Phone 1: _____ Cell Phone 2: _____

Email 1: _____ Email 2: _____

I understand that I will receive temple communications via email. I understand that I will receive temple communications via email.

Religious Background

	Adult Applicant 1	Adult Applicant 2
Religious background in which you were raised	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____ <input type="checkbox"/> Jewish unaffiliated	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____ <input type="checkbox"/> Jewish unaffiliated
If you became Jewish as an adult Date, Congregation, City		
Bar/Bat Mitzvah (if applicable) Date, Congregation, City		
Confirmation (if applicable) Date, Congregation, City		
Congregation most recently or currently affiliated with as a member		
Please list any relatives who are Har Sinai members		
Have you ever been a member of another synagogue? If so, when?		

Business Information

	Adult Applicant 1	Adult Applicant 2
Occupation/Title		
Area of specialization		
Employer		
Address		
City, State, Zip		
Business Phone		
Business Fax		
Business Email		

Yahrzeit Information

Name	Date of death Before/After sundown	Family Relationship

Please attach a separate sheet for additional names.

Please send me information regarding a permanent memorial at Har Sinai.

Children's Information

	Child 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 2 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 3 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 4 <input type="checkbox"/> Male <input type="checkbox"/> Female
First and middle name				
Last name (if different)				
Name preferred				
Hebrew name (if known/applicable)				
Birth date				
Grade (if applicable)				
School or college				
Address (if not living with you)				
Is this child being raised in the Jewish faith?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will this child be attending Religious School at Har Sinai?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bar/Bat Mitzvah: Date, Congregation, City				
Confirmation: Date, Congregation, City				
If previously attended Religious School, list Congregation and City				

If you have more than four children, please attach an additional page.

Emergency Contact Information

	Adult Applicant 1	Adult Applicant 2
Emergency Contact Name		
Relationship		
Home Phone		
Cell Phone		
Address		
Dr. Name and Phone		

Opportunity for Participation

At Har Sinai, we believe that joining a congregation is a spiritual and emotional journey. We encourage all congregants to become involved in congregational life. Please indicate which of these areas interest you by checking the appropriate box (es). Your participation will help strengthen the community and will make your temple experience more meaningful. You will be contacted by a congregation member with more information.

- | | | |
|---|---|---|
| <input type="checkbox"/> ARZA | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Assisting with office work | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Music – Choir or Band |
| <input type="checkbox"/> Brotherhood | <input type="checkbox"/> Holiday Celebrations | <input type="checkbox"/> Religious School/Preschool |
| <input type="checkbox"/> Budget and/or Finance | <input type="checkbox"/> House Committee | <input type="checkbox"/> Sisterhood |
| <input type="checkbox"/> Caring Committee | <input type="checkbox"/> Interfaith Outreach | <input type="checkbox"/> Social Action |
| <input type="checkbox"/> Cemetery Committee | <input type="checkbox"/> Library | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Communications & Publicity | <input type="checkbox"/> Life Long Education | <input type="checkbox"/> Worship |

Talent and Interest Survey

- | | | | | | | |
|-----------------------------------|---------------------------------|-----------------------------------|------------------------------------|--------------------------------------|---------------------------------|---|
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Music | <input type="checkbox"/> Painting | <input type="checkbox"/> Gardening | <input type="checkbox"/> Torah Study | <input type="checkbox"/> Travel | <input type="checkbox"/> Israeli Dancing |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Baking | <input type="checkbox"/> Driving | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Sports | <input type="checkbox"/> Art | <input type="checkbox"/> Public Relations |

Other _____

What are your passions? What are your specific skills, talents or interests?

What Life Long Education topics would interest you?

What would you like to “get” from your synagogue membership?

- I/we authorize the use of information provided in this membership application for use in the Connection, Har Sinai’s monthly e-newsletter or in the E-Connection, our weekly Har Sinai update.
- I/we would like to include the following additional information about my/our family for the Connection or E-Connection.

How did you hear about Har Sinai (please check all that apply):

- | | | | |
|---|--|---------------------------------------|---|
| <input type="checkbox"/> Family | <input type="checkbox"/> Friend | <input type="checkbox"/> Webpage | <input type="checkbox"/> Sign out front |
| <input type="checkbox"/> Owings Mills Times | <input type="checkbox"/> Community Times | <input type="checkbox"/> Jewish Times | <input type="checkbox"/> Other _____ |

I/we understand that photos and videos may be taken at various Har Sinai events.

- Photos/videos may be used in the Connection newsletter, website or advertising material.
- I do not want our photos/videos to be used in the Connection newsletter, website or advertising material.

Annual Dues Structure for New Members

SINGLE MEMBERSHIP	
Post High School to age 29, HSC Confirmand and Parents in good standing	Free
Post High School to age 29	\$ 295.00
Age 30-39	\$ 795.00
Age 40 and older	\$1,195.00
Tzedakah Circle Membership <i>I am able to support Har Sinai at a higher dues level.</i>	\$1,395.00

FAMILY MEMBERSHIP	
Family with older spouse age 21-29, HSC Confirmand and Parents in Good Standing	Free
Family (oldest member in household age 21- 29)	\$ 295.00
Family (oldest member in household age 30-34)	\$ 795.00
Family (oldest member in household age 35-39)	\$1295.00
Family (oldest member in household age 40 and older)	\$1995.00
Tzedakah Circle Membership <i>We are able to support Har Sinai at a higher dues level.</i>	\$2195.00

OUT OF STATE REGARDLESS OF AGE	\$395.00
---------------------------------------	----------

BUILDING FUND	
Single Membership (\$125/year over 8 years)	\$1000.00
Family Membership (\$250/ year over 8 years)	\$2000.00

ANNUAL BUILDING MAINTENANCE /FUEL SURCHARGE	\$150.00
--	----------

MEMBERSHIP AGREEMENT

I/We hereby make application for membership in Har Sinai Congregation and agree to abide by the By-Laws of the Congregation and all rulings and resolutions adopted by the Board of Trustees and to honor my financial commitments and pledges to the Congregation.

TERMS OF PAYMENT

I agree to pay my dues in a single payment by cash, check or credit card prior to March 31. Alternatively, I agree to pay my dues in equal monthly payments by credit card or electronic check over a maximum of 8 months or the remaining number of months in the current calendar year. If I am joining after the beginning of the calendar year, my annual dues will be pro-rated based on the calendar quarter of my enrollment. High Holiday seating, Religious School enrollment, Preschool enrollment and B'nai Mitzvah celebrations at the Temple are all predicated on my being a member in good standing. I understand that there are additional applications and fees required for Religious School, Preschool, B'nai Mitzvah, Confirmation and any additional High Holy Day seats (a single membership includes one Adult High Holy Day ticket; a family membership includes two Adult High Holy Day tickets.) My/our application is subject to the review and acceptance of the Har Sinai Board of Trustees.

I/we understand that dues for the first year are based on my/our age category when we initiate membership. Dues will increase by ten percent each year until dues reach the oldest age appropriate rate category. Dues amounts are subject to periodic review and modification by the Har Sinai Board of Trustees.

I/we understand that interest at ten percent APR will accrue on any outstanding balances 30 days or more past the scheduled payment due date. \$25 will be charged for any returned checks. Depending on the circumstances of my default, Har Sinai Congregation may elect to immediately declare due and payable the full amount of all unpaid dues and fees for the remainder of the current calendar year. In the event that Har Sinai Congregation must engage an attorney or a collection agency to collect outstanding amounts owed under this contract, I/we agree to pay the attorney's fees and costs (including any court costs) that are necessary to collect any amounts due to the Congregation.

Total Due: _____

Charitable Contribution: _____

I am able to help support the Har Sinai Community with an additional contribution. (Please contact the office if you would like this donation to be made in honor of or in memory of someone, or if you would like to know about specific giving opportunities.)

Payment Method:

Check enclosed

Credit card: Visa MasterCard Discover

Name on Card _____

Exp. Date ___/___

Please contact the Executive Director if you would like to make extended payments by credit card.

Applicant 1: Print Name (First, MI, Last)

Signature

Date

Applicant 2: Print Name (First, MI, Last)

Signature

Date

Membership application obtained/reviewed by _____

Financial Issues: If your family has serious financial issues and cannot pay the amounts indicated, please call the office and speak to our Executive Director. Fee reductions will be reviewed on an annual basis.