



MEMBERSHIP APPLICATION

Applicant 1

Name: _____
Date of Birth: _____
E-mail Address: _____
Cell Phone: _____
Preferred Method of Communication: _____

Jewish? _____ Not Jewish? _____

Applicant 2

Name: _____
Date of Birth: _____
E-mail Address: _____
Cell Phone: _____
Preferred Method of Communication: _____

Jewish? _____ Not Jewish? _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

YOUR CHILDREN (under the age of 18)

Name: _____ Date of Birth _____

Name: _____ Date of Birth _____

Name: _____ Date of Birth _____

Name: _____ Date of Birth _____

INTERESTS

I am/we are interested in becoming involved in the following activities and/or committees at Mt. Sinai:

- | | | |
|-----------------------------------------------|--------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Sisterhood/Gift Shop | <input type="checkbox"/> Finance Committee | <input type="checkbox"/> Yiddish Food Festival |
| <input type="checkbox"/> B'nai Brith | <input type="checkbox"/> Cemetery Committee | <input type="checkbox"/> Mah Jongg |
| <input type="checkbox"/> Religious School | <input type="checkbox"/> Building Committee | <input type="checkbox"/> Jewish/Israeli Dance |
| <input type="checkbox"/> Library | <input type="checkbox"/> Membership Committee | <input type="checkbox"/> Chevra |
| <input type="checkbox"/> Hebrew Class | <input type="checkbox"/> Education Committee | <input type="checkbox"/> Communications Committee |
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Security Committee | <input type="checkbox"/> Ritual & Liturgy Committee |
| <input type="checkbox"/> Caring Committee | <input type="checkbox"/> Social Action Committee | <input type="checkbox"/> Newsletter |

YOUR SIGNATURE(S) CONSTITUTE(S) AN AGREEMENT:

I/we hereby make application for membership in Mt. Sinai Congregation and agree to abide by its Constitution & Bylaws and the policies authorized by the Board of Directors. I/we commit to being involved in the Congregation and recognize that my/our obligation includes financial support.

Signature of Applicant 1: _____ Date: _____

Signature of Applicant 2: _____ Date: _____

Please mail this application to Mt. Sinai Congregation, P.O. Box 1012, Cheyenne, WY 82003. If you have questions about this application, pledging, or need additional information, please e-mail our Administrator at Info@MtSinaiCheyenne.org or e-mail our Membership chairperson at Membership@MtSinaiCheyenne.org If applicable, within ten days you will be contacted by a member of the Ritual & Liturgy Committee to arrange a meeting. Thank you for your interest.