



MEMBERSHIP APPLICATION

Applicant 1

Name: _____
 Date of Birth (month & day): _____
 E-mail Address: _____
 Cell Phone: _____
 Preferred Method of Communication: _____

Jewish? _____ Not Jewish? _____ 18 or older

Applicant 2

Name: _____
 Date of Birth (month & day): _____
 E-mail Address: _____
 Cell Phone: _____
 Preferred Method of Communication: _____

Jewish? _____ Not Jewish? _____ 18 or older

Home Address: _____

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

YOUR CHILDREN (under the age of 18)

Name: _____ Date of Birth (month/day/year) _____

Name: _____ Date of Birth (month/day/year) _____

Name: _____ Date of Birth (month/day/year) _____

Name: _____ Date of Birth (month/day/year) _____

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"/> Jewish/Israeli Dance |
| <input type="checkbox"/> Religious School | <input type="checkbox"/> Building Committee | <input type="checkbox"/> Chevra Kadisha |
| <input type="checkbox"/> Library | <input type="checkbox"/> Membership Committee | <input type="checkbox"/> Facility Usage Committee |
| <input type="checkbox"/> Hebrew Class | <input type="checkbox"/> Education Committee | <input type="checkbox"/> Rabbi Liaison Committee |
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Social Action Committee | <input type="checkbox"/> Public Relations |

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 (see the Addendum to Membership Application).

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, pledges, 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.