



## 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 Kadisha             |
| <input type="checkbox"/> Hebrew Class         | <input type="checkbox"/> Education Committee     | <input type="checkbox"/> Ritual & Liturgy Committee |
| <input type="checkbox"/> Adult Education      | <input type="checkbox"/> Security Committee      | <input type="checkbox"/> Public Relations           |
|   | <input type="checkbox"/> Social Action Committee | <input type="checkbox"/> Menschen                   |

### 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](mailto:Info@MtSinaiCheyenne.org) or e-mail our Membership chairperson at [Membership@MtSinaiCheyenne.org](mailto: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.