



**HAR SINAI MEMBERSHIP APPLICATION**  
2905 Walnut Avenue, Owings Mills, MD 21117  
410-654-9393  
[www.harsinai-md.org](http://www.harsinai-md.org)

Application Date: \_\_\_\_\_

Welcome to Har Sinai Congregation. We are delighted that you have chosen to become a part of our community. We hope that you will find membership an enriching experience, and we encourage you to explore the diverse opportunities for Jewish expression that Har Sinai offers. Please call upon our clergy, staff and lay leaders if we can assist you in feeling a 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 or need assistance in completing this application.

**PERSONAL INFORMATION**

**ADULT APPLICANT 1**

Full Name: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Hebrew Name (if known/applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Former City and State of Residence: \_\_\_\_\_ Affiliations: \_\_\_\_\_

**ADULT APPLICANT 2**

Full Name: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Hebrew Name (if known/applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Former City and State of Residence: \_\_\_\_\_ Affiliations: \_\_\_\_\_

Special Accommodations Needed: \_\_\_\_\_

**CONTACT INFORMATION**

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

Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ (Cell, Home or Office)

Secondary Phone: \_\_\_\_\_ (Cell, Home or Office)

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

## RELIGIOUS BACKGROUND

### ADULT APPLICANT 1

Religious background in which you were raised:  Reform  Conservative  Orthodox  Jewish Unaffiliated  Other \_\_\_\_\_

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 affiliated with: \_\_\_\_\_

Please list any relatives who are Har Sinai members: \_\_\_\_\_

Have you ever been a member of another synagogue? When? \_\_\_\_\_

### ADULT APPLICANT 2

Religious background in which you were raised:  Reform  Conservative  Orthodox  Jewish Unaffiliated  Other \_\_\_\_\_

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 affiliated with: \_\_\_\_\_

Please list any relatives who are Har Sinai members: \_\_\_\_\_

Have you ever been a member of another synagogue? When? \_\_\_\_\_

## BUSINESS INFORMATION

### ADULT APPLICANT 1

Occupation/Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### ADULT APPLICANT 2

Occupation/Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Yahrzeit Information

Name	Date of Death Before/After Sundown	Family Relationship

## Children's Information

	Child 1	Child 2	Child 3	Child 4
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?				
Will this child be attending Posner JEM Religious School?				
Bar/Bat Mitzvah: Date, Congregation, City				
Confirmation: Date, Congregation, City				
If previously attended Religious School, list School, list Congregation				

## EMERGENCY CONTACT INFORMATION

### ADULT APPLICANT 1

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician Name and Phone: \_\_\_\_\_

### ADULT APPLICANT 2

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician Name and Phone: \_\_\_\_\_

## OPPORTUNITIES FOR PARTICIPATION

At Har Sinai, we believe that joining a synagogue is a spiritual and emotional journey. We encourage all members 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"/> Fundraising          | <input type="checkbox"/> Music/Choir/Band                |
| <input type="checkbox"/> Assisting with office work | <input type="checkbox"/> Grant Writing        | <input type="checkbox"/> Religious School                |
| <input type="checkbox"/> Brotherhood                | <input type="checkbox"/> Holiday Celebrations | <input type="checkbox"/> Social Action                   |
| <input type="checkbox"/> Budget/Finance             | <input type="checkbox"/> House Committee      | <input type="checkbox"/> Technology                      |
| <input type="checkbox"/> Caring Hands Committee     | <input type="checkbox"/> Interfaith Outreach  | <input type="checkbox"/> Website                         |
| <input type="checkbox"/> Cemetery Committee         | <input type="checkbox"/> Lifelong Learning    | <input type="checkbox"/> Women of Har Sinai Congregation |
| <input type="checkbox"/> Communications & Publicity | <input type="checkbox"/> Membership           | <input type="checkbox"/> Worship Committee               |

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

What Lifelong Learning topics would interest you?

What would you like to gain from your synagogue membership?

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

- Family                       Friend                       Website                       Sign out front  
 JMore                       Facebook                       Jewish Times                       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

<b>SINGLE MEMBERSHIP</b>	
Post High School to age 29, HSC Confirmand and Parents in Good Standing	Free
Post High School to age 29	\$ 395.00
Age 30 – 39	\$ 895.00
Age 40 and older	\$ 1,295.00
<b>Super Dues Category</b> <i>I am able to support Har Sinai at a higher dues level.</i>	\$ 1,495.00
<b>FAMILY MEMBERSHIP</b>	
Family with older spouse age 21 – 29, HSC Confirmand and Parents in Good Standing	Free
Family (oldest member in household age 21 – 29)	\$ 395.00
Family (oldest member in household age 30 – 34)	\$ 895.00
Family (oldest member in household age 35 – 39)	\$ 1,395.00
Family (oldest member in household age 40 and older)	\$ 2,095.00
<b>Super Dues Category</b> <i>We are able to support Har Sinai at a higher dues level</i>	\$ 2,295.00
<b>OUT OF STATE REGARDLESS OF AGE</b>	
	\$ 495.00

#### MEMBERSHIP AGREEMENT

I hereby make application for membership in Har Sinai Congregation and agree to abide by the By-Laws and Brit Avodah 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 or to set up a monthly payment plan (automatic credit card deduction) within 30 days of the signing of this application. If I am joining after the beginning of the calendar year, my annual dues will be prorated based on the calendar quarter of my enrollment. High Holy Days seating, JEM Religious School enrollment, B'nai Mitzvah and Confirmation are all predicated on my being a member in good standing. I understand that there are additional application fees required for Religious School, 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 and tickets for children, ages 29 and under). My application is subject to the review and acceptance of the Har Sinai Board of Trustees.

I understand that dues for the first year are based on my age category when we initiate membership. Dues amounts are subject to periodic review and modification by the Har Sinai Board of Trustees.

\$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 collection agency to collect outstanding amounts owed under this contract, I 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        Amex

Name on Card \_\_\_\_\_

# \_\_\_\_\_

Exp. Date \_\_\_\_/\_\_\_\_

*Please contact the Temple Administrator if you would like to make extended payments by credit card.*

---

<b>Applicant 1: Print Name (First, MI, Last)</b>	<b>Signature</b>	<b>Date</b>
--	------------------	-------------

---

<b>Applicant 2: Print Name (First, MI, Last)</b>	<b>Signature</b>	<b>Date</b>
--	------------------	-------------

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 Temple Administrator. Fee reductions will be reviewed on an annual basis.*