



# MT. SINAI JEWISH CENTER

of Cong. Mt. Sinai Anshe Emeth & Emes Wozedek of  
Washington Heights, Inc. and Cong. Beth Hillel-Beth Israel  
135 Bennett Avenue · New York, NY 10040  
212-568-1900 · 212-568-2307  
www.mtsinaishul.com · office@mtsinaishul.com

## APPLICATION FOR MEMBERSHIP

### MEMBER TYPE

Family: Professional \$720  Student\* \$315  \*both partners must be students  
Individual: Professional \$450  Student \$270  Chaverim \$995

### MEMBER 1

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

Hebrew Name: \_\_\_\_\_

Father's Hebrew Name: \_\_\_\_\_

Father's English Name: \_\_\_\_\_

Mother's Hebrew Name: \_\_\_\_\_

Mother's English Name: \_\_\_\_\_

Gender: Male  Female

Tribe: Kohen  Levi  Yisrael

Convert: Yes  No

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

School (for students): \_\_\_\_\_

Expected graduation date: \_\_\_\_\_

### MEMBER 2 (if applicable)

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

Hebrew Name: \_\_\_\_\_

Father's Hebrew Name: \_\_\_\_\_

Father's English Name: \_\_\_\_\_

Mother's Hebrew Name: \_\_\_\_\_

Mother's English Name: \_\_\_\_\_

Gender: Male  Female

Tribe: Kohen  Levi  Yisrael

Convert: Yes  No

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

School (for students): \_\_\_\_\_

Expected graduation date: \_\_\_\_\_

### MAILING ADDRESS

ADDRESS

APT#

CITY/STATE/ZIP

**CHILDREN (if applicable)**

CHILD 1: \_\_\_\_\_  
English Name Hebrew Name Date of Birth

CHILD 2: \_\_\_\_\_  
English Name Hebrew Name Date of Birth

CHILD 3: \_\_\_\_\_  
English Name Hebrew Name Date of Birth

**Yahrzeits (if applicable)**

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

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

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

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

Father's Full Hebrew Name: \_\_\_\_\_

Father's Full Hebrew Name: \_\_\_\_\_

Hebrew Date of Passing: \_\_\_\_\_

Hebrew Date of Passing: \_\_\_\_\_

English Date of Passing: \_\_\_\_\_

English Date of Passing: \_\_\_\_\_

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

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

**WEDDING ANNIVERSARY (if applicable):** \_\_\_\_\_

**SKILLS & EXPERIENCE**

Are there particular skills or professional experiences that you can contribute to the synagogue or share with the synagogue community? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I AM INTERESTED IN LEARNING MORE ABOUT THE FOLLOWING COMMITTEES: (check all that apply)**

- |                       |                          |                            |                          |
|-----------------------|--------------------------|----------------------------|--------------------------|
| Building Committee    | <input type="checkbox"/> | Gabbaut                    | <input type="checkbox"/> |
| Chessed Committee     | <input type="checkbox"/> | Hospitality Committee      | <input type="checkbox"/> |
| Chevra Kadisha        | <input type="checkbox"/> | Kiddush Committee          | <input type="checkbox"/> |
| Education Committee   | <input type="checkbox"/> | Membership Committee       | <input type="checkbox"/> |
| Events Committee      | <input type="checkbox"/> | Outreach Committee         | <input type="checkbox"/> |
| Eruv Committee        | <input type="checkbox"/> | Public Relations Committee | <input type="checkbox"/> |
| Family Life Committee | <input type="checkbox"/> | Ritual Committee           | <input type="checkbox"/> |
| Fundraising Committee | <input type="checkbox"/> | Sisterhood                 | <input type="checkbox"/> |

Payments can be submitted online at [www.mtsinaishul.com](http://www.mtsinaishul.com)  
or by check made payable to **Mt. Sinai Jewish Center.**