

Partnership Record

NAME



18801 NE 22 Avenue
N Miami Beach, FL 33180
305-932-9010
www.tsnd.org

A Reform Congregation Nurturing Souls for a Fuller Jewish Life

TEMPLE SINAI

18801 NE 22 Avenue
North Miami Beach, Florida 33180
305-932-9010
www.tsnd.org

Application Date _____

Partnership Type _____

Welcome to Temple Sinai! We are pleased that you have decided to become a part of our family. In order to best address the needs of our community, please make sure that we have all of the correct information about your family and return the form to Debbie Bloomfield in the synagogue office. All information shared with us will be used with the utmost discretion. We hope that your affiliation will be long and fulfilling!

PARTNERSHIP RECORD

Partner A: Mr. Mrs. Ms. Miss Dr. Other: _____

Last Name _____ First Name _____

Hebrew Name _____ Birthdate _____

Father's Hebrew Name _____ Mother's Hebrew Name _____

Jewish Religion practiced (if not Jewish) _____ Considering Conversion

Male Female Place of Birth: _____

Email Address: _____

Retired? Yes No Occupation now or before retirement: _____

Employer: _____

Business Address: _____

Business Phone: _____ Cell Phone: _____

Partner B: Mr. Mrs. Ms. Miss Dr. Other: _____

Last Name _____ First Name _____

Hebrew Name _____ Birthdate _____

Father's Hebrew Name _____ Mother's Hebrew Name _____

Jewish Religion practiced (if not Jewish) _____ Considering Conversion

Male Female

Email Address: _____

Retired? Yes No Occupation now or before retirement: _____

Employer:: _____

Business Address: _____

Business Phone: _____ Cell Phone: _____

Residence Address: _____ City/State/Zip: _____

Home Phone: _____ Primary Language Spoken at Home: _____

Marital Status: Single Married Date of Marriage: _____

Life Partner Divorced Widowed

IN CASE OF EMERGENCY, THE TEMPLE SHOULD NOTIFY:

Name: _____ Relationship: _____

Business Phone: _____ Home Phone: _____ Cell Phone: _____

HOW DID YOU FIND US?

Were you referred to Temple Sinai? Yes No If yes, by whom: _____

If not, how did you hear about Temple Sinai? _____

Name of previous Congregational affiliation: _____

City/State: _____ Year you left: _____

DO YOU HAVE LOVED ONES WHOSE NAMES YOU WOULD LIKE PLACED ON OUR YAHRZEIT LIST?

Please list the names and dates of death for your loved ones for whom you wish to receive Yahrzeit (remembrance) notices.

	NAME OF DECEASED	RELATIONSHIP	DATE OF DEATH
1.	_____ / _____	_____ / _____	_____
2.	_____ / _____	_____ / _____	_____
3.	_____ / _____	_____ / _____	_____
4.	_____ / _____	_____ / _____	_____
5.	_____ / _____	_____ / _____	_____
6.	_____ / _____	_____ / _____	_____
7.	_____ / _____	_____ / _____	_____
8.	_____ / _____	_____ / _____	_____

OBSERVE: ENGLISH DATE HEBREW DATE

Would you like to be contacted about purchasing a plaque on our Memorial Wall? Yes No

PLEASE LIST CHILDREN

CHILD 1: Last Name: _____ First Name: _____ Middle: _____

Birthdate: _____ Hebrew Name: _____ Male Female

Email: _____

School Name: _____ Grade: _____

CHILD 2: Last Name: _____ First Name: _____ Middle: _____

Birthdate: _____ Hebrew Name: _____ Male Female

Email: _____

School Name: _____ Grade: _____

CHILD 3: Last Name: _____ First Name: _____ Middle: _____

Birthdate: _____ Hebrew Name: _____ Male Female

Email: _____

School Name: _____ Grade: _____

CHILD 4: Last Name: _____ First Name: _____ Middle: _____

Birthdate: _____ Hebrew Name: _____ Male Female

Email: _____

School Name: _____ Grade: _____

FAMILY/FRIENDS AFFILIATED WITH TEMPLE SINAI

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

NEW PARTNER AMBASSADOR PROGRAM

Temple Sinai is proud to offer its New Partner Ambassador Program to any new partner interested in being matched with another Temple Sinai family with similar interests and backgrounds. What a great way to get involved, meet other partners and families like yourselves and immediately begin feeling part of our extended Temple Sinai Family.

If you are interested, please let us know the best way to contact you by:

Phone _____ and email _____.

GO GREEN

I would like to receive the monthly email by: email postal service.

FOR TEMPLE SINAI USE
