Temple Sinai Membership Profile							Date					
Primary Contact Information												
Mail To Name(s)					Email			Home Phone				
Street			City	City				State		Zip		
Married Anniv Date Single			Е	Engaged Widowed Par			Part	nered	;	Separated Divorced		
Dependent Children, Names		s and Ages										
			Indivi	dual (	Contact I	nform	ation					
		Individual Contact Informatio Adult A						Adult B				
Title: Mr, Mrs, Ms, Dr, etc		12774111										
Last Name												
First Name												
Preferred First Name												
Hebrew Name (In English)												
Month/Day of Birth - Gender				]	Female	Mal	le				Female	Male
Cell Phone												
Business Phone												
Email												
Religious Profile		Orthodo	ox Co	nserv Reform		Or	thodox	Conserv Reform		Reform		
Non Jewish Religion												
Considering Conversion		Yes No						Yes No				
Yahrzeit Na	me and Date											
Special skil	ls or interests that	t might be	shared wit	th the	congreg	ation (	ie legal	, accour	nting, p	art	y planning,	cooking,
_	orship, music, ph	_				`			<b>U</b> , 1			<b>.</b>
Skills and Interests												
Comments												

Send completed form to Larry Gelb, 12422 Wornall Road, Kansas City, MO 64145, <a href="mailto:larrygelb@kc.rr.com">larrygelb@kc.rr.com</a>, 816-942-4954. Alternatively, you may fill out the form online and submit online at <a href="https://www.TempleSinaiKC.org">www.TempleSinaiKC.org</a>.

Name

Circle any of the following that you do not want listed in the Congregation Membership Directory:

Address Email Home Phone Cell Phone Birth Day and Month Anniversary