



**MEMBERSHIP APPLICATION**

**JULY 2020 – JUNE 2021**

CONGREGATION MOUNT SINAI  
250 Cadman Plaza West  
Brooklyn Heights, NY 11201

718-875-9124  
[admin@cmsbklyn.org](mailto:admin@cmsbklyn.org) [www.cmsbklyn.org](http://www.cmsbklyn.org)

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
**ADULT 1** - Last name \_\_\_\_\_ First name \_\_\_\_\_ Occupation *(optional)* \_\_\_\_\_ Date of birth \_\_\_\_\_

Street address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email address \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
**ADULT 2** - Last name \_\_\_\_\_ First name \_\_\_\_\_ Occupation *(optional)* \_\_\_\_\_ Date of birth \_\_\_\_\_

Street address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email address \_\_\_\_\_

\_\_\_\_\_  
**ADULT 1** - Hebrew name \_\_\_\_\_ **ADULT 2** - Hebrew name \_\_\_\_\_

**CHILDREN'S NAMES**

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
English name \_\_\_\_\_ Hebrew name \_\_\_\_\_ Date of birth \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
English name \_\_\_\_\_ Hebrew name \_\_\_\_\_ Date of birth \_\_\_\_\_

**Yahrzeit Information** (please see back of this form to provide yahrzeit information)

**MEMBERSHIP FEES** (includes family High Holiday tickets)

- 2 adults (with or without children) \$2,100
- 1 adult (with children) \$1,470
- 1 adult \$1,365
- 2 seniors (65 years & over) \$1,835
- 1 senior (65 years & over) \$1,100

**NEW MEMBERS** (under age 35 or with children under age 6)

*We are pleased to welcome you to the Mount Sinai community!*

**Introductory discounts**

- 2 adults – 1<sup>st</sup> year \$1,050
- 2<sup>nd</sup> year \$1,600
- 1 adult – 1<sup>st</sup> year \$ 735
- 2<sup>nd</sup> year \$1,050

**HEBREW SCHOOL FEES**

Members

- Pre K – Grade 2<sup>nd</sup> – 1 day / 2 hours/week \$ 800
- Grades 3<sup>rd</sup> – 7<sup>th</sup> – 2 days / 4 hours/week \$1,150 (1<sup>st</sup> child)
- \$1,050 (2<sup>nd</sup> child)

**BAR/BAT MITZVAH FEE** \$1,650

**A voluntary contribution to cover the increase in fees that would normally have occurred this year:**

- \$100
- Other amount: \$\_\_\_\_\_

**PAYMENT METHOD**

- check payable to Congregation Mount Sinai
- VISA
- MasterCard
- Amex
- Discover

\_\_\_\_\_  
Name on card    # \_\_\_\_\_ Exp date \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV # \_\_\_\_\_



Congregation Mount Sinai  
INDEPENDENT INCLUSIVE JUDAISM

## MEMBERSHIP APPLICATION - continued

### Yahrzeit Information *(please fill out if you would like to be notified of a yahrzeit)*

\_\_\_\_\_  
Name \_\_\_\_\_ Mo / \_\_\_\_ / \_\_\_\_  AM  
 PM

\_\_\_\_\_  
Name \_\_\_\_\_ Mo / \_\_\_\_ / \_\_\_\_  AM  
 PM

\_\_\_\_\_  
Name \_\_\_\_\_ Mo / \_\_\_\_ / \_\_\_\_  AM  
 PM

\_\_\_\_\_  
Name \_\_\_\_\_ Mo / \_\_\_\_ / \_\_\_\_  AM  
 PM