

Temple Akiba

Rabbi Zachary R. Shapiro



MEMBERSHIP INFORMATION FORM

5249 S. Sepulveda Blvd., Culver City, CA 90230 • (310) 398-5783

www.TempleAkiba.net

Please complete, sign and return this form to the Temple office. All contact information remains confidential – we do not share our membership list with outside institutions.

Personal <i>Please print clearly</i>		
For the year ending June 30, 2017	ADULT 1	ADULT 2
Full Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____
Preferred Name (e.g. Michael or Mike)		
Hebrew Name (Phonetic)		
Birth Date (month, day, year)		
Personal Status	<input type="checkbox"/> Single <input type="checkbox"/> Married (Date) _____/_____/_____ <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____	
Occupation Information (please include even if retired) <input type="checkbox"/> Retired	Occupation _____ Employer _____ Phone () _____	Occupation _____ Employer _____ Phone () _____
Religious Background in which You Were Raised	<input type="checkbox"/> Reform <input type="checkbox"/> Reconstructionist <input type="checkbox"/> Conservative <input type="checkbox"/> Jewish Unaffiliated <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____	<input type="checkbox"/> Reform <input type="checkbox"/> Reconstructionist <input type="checkbox"/> Conservative <input type="checkbox"/> Jewish Unaffiliated <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____
Most Recent or Current Congregational Affiliation/Year		

Contact

Home Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: () _____ Adult 1 Cell: () _____ Adult 2 Cell: () _____

Fax: () _____ Adult 1 Email: _____ Adult 2 Email: _____

For Internal Office Use		Board: _____	Date/initials: _____
Date Rec'd: _____	Initials: _____	Chaverware: _____	Date/initials: _____
Membership VP: _____	Date/initials: _____	ConstantC: _____	Date/initials: _____
RZS CC: _____	Date/initials: _____	Dues Committee: _____	Date/initials: _____

“Our Light Shines Brighter - Together”

Children

Note: Unmarried children under the age of 25 who reside in the household are included in your membership

	CHILD 1	CHILD 2	CHILD 3	CHILD 4
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
First and Middle Name				
Last Name				
Preferred Name (e.g. Michael or Mike)				
Hebrew Name (Phonetic)				
Birth Date (month, day, year)				
School Grade				
Temple Akiba Intended Enrollment	<input type="checkbox"/> Early Childhood Center <input type="checkbox"/> Religious School <input type="checkbox"/> Hebrew School <input type="checkbox"/> Bar/Bat Mitzvah <input type="checkbox"/> Confirmation	<input type="checkbox"/> Early Childhood Center <input type="checkbox"/> Religious School <input type="checkbox"/> Hebrew School <input type="checkbox"/> Bar/Bat Mitzvah <input type="checkbox"/> Confirmation	<input type="checkbox"/> Early Childhood Center <input type="checkbox"/> Religious School <input type="checkbox"/> Hebrew School <input type="checkbox"/> Bar/Bat Mitzvah <input type="checkbox"/> Confirmation	<input type="checkbox"/> Early Childhood Center <input type="checkbox"/> Religious School <input type="checkbox"/> Hebrew School <input type="checkbox"/> Bar/Bat Mitzvah <input type="checkbox"/> Confirmation

Relatives and Friends

Please list any relatives and friends who are current members of Temple Akiba

<u>NAME</u>	<u>RELATIONSHIP</u>
_____	_____
_____	_____
_____	_____

Yahrzeit Information

Please list those family members whose Yahrzeit you would like us to remember

<u>FULL NAME</u>	<u>RELATIONSHIP</u> (And To Whom)	<u>DATE OF DEATH</u>	
_____	_____	_____	<input type="checkbox"/> Secular
_____	_____	_____	<input type="checkbox"/> Hebrew
_____	_____	_____	<input type="checkbox"/> Secular
_____	_____	_____	<input type="checkbox"/> Hebrew
_____	_____	_____	<input type="checkbox"/> Secular
_____	_____	_____	<input type="checkbox"/> Hebrew
_____	_____	_____	<input type="checkbox"/> Secular
_____	_____	_____	<input type="checkbox"/> Hebrew

Referral Information

How did you hear about Temple Akiba

- Referred by _____
 Newspaper
 Website
 Phone Book
 Jewish Publication
- Signage on Property
 Other _____

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Interests and Involvement

We look forward to your participation in the many programs and activities Temple Akiba offers. Below are suggestions for enhancing your membership in our Temple family community. Please indicate your interests below:

ADULT 1	ADULT 2	TEMPLE AKIBA PROGRAMS AND ACTIVITIES
		Adult B'nai Mitzvah / Adult Hebrew
		Adult Choir
		Adult Education
		Adult Retreat
		Board of Trustees
		Camp/Youth Programs
		Coffee with the Clergy
		Communications/Public Relations
		Family Retreat
		Fundraising
		Group Travel with the Rabbi
		Havurah
		Israel Engagement
		Life Transitions (Bereavement Group)
		Liturgy Committee
		Membership
		Men's Group
		Mitzvah Day
		Novel Discussion Group
		Outreach: Caring Community Helping Those in Need
		Outreach: Interfaith Couples and/or Jewish by Choice
		Outreach: LGBTQ
		Purim Carnival
		Religious Education
		Singles' Programs
		Sisterhood
		Social Action
		Torah Study
		Tot Shabbat
		Young Adults/Couples' Programs
		Other:
ADULT 1	ADULT 2	VOLUNTEER OPPORTUNITIES
		Front Office
		Early Childhood Center
		Religious School
		High Holy Day Services
		Other:
ADULT 1	ADULT 2	Please indicate any SPECIAL SKILLS, INTERESTS or HOBBIES you are willing to share with the Temple (music, art, technology, grant writing, fundraising, etc.):

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Temple Akiba

MEMBERSHIP COVENANT 2016-2017

<u>CATEGORIES</u>	Couples/Family Membership	Single/Single Parent	Senior Couple (65+)	Single Senior (65+)	Single Young Adult	Associate Member	Early Childhood Center
<u>Membership Commitment*</u>	\$2,520	\$1,260	\$1,680	\$840	See Young Adults Application	\$750	N/C Building Fund (Mandatory) See below

*See our Executive Director for partial year membership commitment.

MEMBERSHIP COMMITMENT (insert amount from above applicable category)	\$
BUILDING FUND (MANDATORY for all members)	\$ 200.00
TZEDAKAH (optional - see attached page)	\$
ARZA (ASSOCIATION OF REFORM ZIONISTS OF AMERICA) -- \$36 per membership (optional)	\$
<u>TOTAL DUE</u> (please add all 4 lines)	\$

The following payment options are offered for Membership Commitment. Please check the option that best suits your needs:

	PLAN	DESCRIPTION
<input type="checkbox"/>	Payment in Full	Full payment due with application.
<input type="checkbox"/>	2-Payment Plan	One-half (1/2) of total due with application. Balance due on December 15, 2016
<input type="checkbox"/>	3-Payment Plan	One-third (1/3) of total due with application. One-third (1/3) due 60-days following application date. Balance due on December 15, 2016
<input type="checkbox"/>	Optional Payment Plan	Monthly automated debits from your bank account or with a recurring credit card monthly charge. Contact the Temple office for further information.

Your membership commitment includes Temple membership in the Union for Reform Judaism (URJ) and High Holy Day tickets for you and your immediate family members (spouse and unmarried children under the age of 25 who reside in the household). At least **one-third of the total commitment** must be received prior to the High Holy Days in order to receive your High Holy Day tickets. Associate Members are exempt from receiving High Holy Day tickets.

Payment Methods:

- **BY CHECK:** Checks are payable to Temple Akiba and may be mailed or brought to the Temple front office. For auto payments by check, contact your bank. Contact the front office if you have questions.
- **AUTOMATED PAYMENTS:** 10 Automated payments can be made from our website through PayPal starting July 1st 2016.
- **BY CREDIT CARD:** 10 Payments can be made through our secure online PayPal account using any credit card starting July 1st 2016. Visit our website at: www.TempleAkiba.net. Go to the Membership page and click on Pay Now. Please indicate if your payment includes any additional amounts for tzedakah, ARZA membership or any other items. Credit card payments may also be made in person at the Temple. Another easy option is filling in the attached credit card form authorizing us to charge your credit card.

By signing this agreement, I (we) understand and acknowledge that I am (we are) responsible for the agreed upon commitment for the year ending June 30, 2017, and further understand and acknowledge that because of necessary planning and budgeting, Temple Akiba cannot refund any portion of my/our commitment. I (we) also agree to maintain membership in good standing by timely fulfilling all financial commitments to Temple Akiba in order to receive benefits including High Holy Day tickets, attendance at Religious School programs and maintaining Bar/Bat Mitzvah dates. I/we understand that it is the practice of Temple Akiba to photograph and/or videotape attendees at various Temple events and to use those images and videos to promote the Temple in social, print and other media. By signing and submitting this membership form, I/we are authorizing Temple Akiba to use images and videos of my/our family and guests for such purposes.

Adult 1 Signature
(Required)

Date

Adult 2 Signature
(If applicable, also required)

Date

Temple Akiba
MEMBERSHIP COVENANT 2016-2017

MEMBERSHIP PAYMENT PLAN

- Pay in full now
- Pay 1/2 now and 1/2 by 12/15/16
- Pay 1/3 now, 1/3 due 60 days following date of application,
Balance due on December 15, 2016
- Pay in ten (10) equal installments of \$_____

PAYMENT METHOD:

- Check enclosed**
- Credit Card** Visa/MasterCard/AMEX/Discover

Member Name:

NAME ON CARD:

CREDIT CARD#:

EXPIRATION DATE: _____

SIGNATURE:

YOU WILL NOT BE TURNED AWAY

At Temple Akiba you will never be turned away because membership dues fall outside your household budget. Please contact Amram, our Executive Director, to discuss payment plans at 310-398-5783 or via email at templeakibaexec@gmail.com

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