



# TEMPLE AKIBA

Rabbi Zachary R. Shapiro

## MEMBERSHIP APPLICATION

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

www.TempleAkiba.net

<b>Personal</b> <i>Please print clearly</i>		
<b>For the year ending</b>	<b>ADULT 1</b>	<b>ADULT 2</b>
<b>June 30, 2010</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
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	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: \_\_\_\_\_

*“Our Light Shines Brighter - Together”*

## Children

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"/> Nursery School <input type="checkbox"/> Religious School <input type="checkbox"/> Hebrew School <input type="checkbox"/> Bar/Bat Mitzvah <input type="checkbox"/> Confirmation <input type="checkbox"/> Post Confirmation	<input type="checkbox"/> Nursery School <input type="checkbox"/> Religious School <input type="checkbox"/> Hebrew School <input type="checkbox"/> Bar/Bat Mitzvah <input type="checkbox"/> Confirmation <input type="checkbox"/> Post Confirmation	<input type="checkbox"/> Nursery School <input type="checkbox"/> Religious School <input type="checkbox"/> Hebrew School <input type="checkbox"/> Bar/Bat Mitzvah <input type="checkbox"/> Confirmation <input type="checkbox"/> Post Confirmation	<input type="checkbox"/> Nursery School <input type="checkbox"/> Religious School <input type="checkbox"/> Hebrew School <input type="checkbox"/> Bar/Bat Mitzvah <input type="checkbox"/> Confirmation <input type="checkbox"/> Post 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>NAME</u>	<u>RELATIONSHIP</u>	<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 \_\_\_\_\_

## 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 Choir
		Adult Education
		Adult Retreat
		Board of Trustees
		Book Club
		Communications/Public Relations
		Family Retreat
		Havurah
		Israel Committee
		Life Transitions (Bereavement Group)
		Liturgy Committee
		Membership
		Mitzvah Day
		Outreach: Interfaith Couples and/or Jewish by Choice
		Purim Carnival
		Rabbi's Coffee
		Religious Education
		Single's Program
		Sisterhood
		Social Action
		Torah Study
		Tot Shabbat
		Ways and Means
		Young Adults/Couple's Programming
		Other: _____
		Other: _____

ADULT 1	ADULT 2	VOLUNTEER OPPORTUNITIES
		Front Office
		Nursery School
		Religious School
		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, computers, writing, fundraising, etc.):

# Temple Akiba

## MEMBERSHIP AGREEMENT

<u>CATEGORIES</u>	Family Membership	Single Parent	Senior Couple (65+)	Single Senior (65+)	Single Young Adult	Associate Member
<b>Membership Dues</b> (for the year ending June 30, 2010*)	\$2,050	\$1,025	\$1,350	\$675	Call for Information	\$500
Your membership dues includes High Holy Day tickets for members (except Associate Members) of your immediate family (spouse and unmarried children under the age of 25 who reside in the household). *See Administrator for partial year membership dues.						

MEMBERSHIP DUES ..... \$ \_\_\_\_\_

TZEDAKAH (optional) (See attached page) ..... \$ \_\_\_\_\_

ARZA (ASSOCIATION OF REFORM ZIONISTS OF AMERICA) -- \$36 per membership (optional) ..... \$ \_\_\_\_\_

OTHER ..... \$ \_\_\_\_\_

**TOTAL DUE** ..... \$ \_\_\_\_\_

The following payment options are offered for Membership Dues. 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
<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, One-third (1/3) due on December 15

At least **one-third of total dues** must be received by the High Holy Days to receive your High Holy Day tickets.

PAYMENT METHOD				
<input type="checkbox"/>	Payment by Check	I authorize Temple Akiba to withdraw payments from my checking account as follows:	<u>Date</u> _____, 20__	<u>Amount</u> \$ _____
			_____, 20__	\$ _____
<input type="checkbox"/>	Payment by Credit Card	I authorize Temple Akiba to charge my credit card (Visa, Mastercard) as follows:  (Donation of 3% to cover credit card processing fee <input type="checkbox"/> yes <input type="checkbox"/> no)	<u>Date</u> _____, 20__	<u>Amount</u> \$ _____
			_____, 20__	\$ _____

I (we) understand I (we) must complete Automatic Payment Withdrawal form to establish my account.

By signing this agreement, I (we) understand and acknowledge that I am (we are) responsible for the agreed upon dues for the year ending June 30, 2010, and further understand and acknowledge that because of necessary planning and budgeting, Temple Akiba does not offer refunds for dues, fees or tuition. 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.

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Adult 1 Signature	Date	Adult 2 Signature	Date
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