



Temple Akiba

Rabbi Zachary R. Shapiro

MEMBERSHIP APPLICATION

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

www.TempleAkiba.net

Personal <i>Please print clearly</i>		
For the year ending June 30, 2012	ADULT 1	ADULT 2
	<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

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 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>
_____	_____	_____
_____	_____	_____

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: Caring Community Helping Those in Need
		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:

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

Temple Akiba

MEMBERSHIP AGREEMENT

<u>CATEGORIES</u>	Couples/Family Membership	Single/Single Parent	Senior Couple (65+)	Single Senior (65+)	Single Young Adult	Associate Member
<u>Membership Commitment*</u>	\$2,150	\$1,075	\$1,420	\$710	See Young Adults Application	\$500

Your membership commitment includes Temple membership in the Union for Reform Judaism (URJ) and 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 commitment.

MEMBERSHIP COMMITMENT.....\$ _____
 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 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
<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

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

PAYMENT METHODS:

- **BY CHECK:** Checks should be made payable to Temple Akiba and may be sent in by mail or brought to the Temple front office.
- **BY CREDIT CARD:** For your convenience, payments can be made through our secure online PayPal account using any credit card. 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.

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, 2012 and further understand and acknowledge that because of necessary planning and budgeting, Temple Akiba cannot refund any portion of your 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.

Adult 1 Signature

Date

Adult 2 Signature

Date