



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>	
<b>For the membership period ending: June 30, 2012</b>	YOUNG ADULT <input type="checkbox"/> Male <input type="checkbox"/> Female
Full Name	
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 _____ Office Phone (____) _____
Religious Background in which You Were Raised	<input type="checkbox"/> Reform <input type="checkbox"/> Reconstructionist <input type="checkbox"/> Orthodox <input type="checkbox"/> Conservative <input type="checkbox"/> Jewish Unaffiliated <input type="checkbox"/> Other _____
Most Recent or Current Congregational Affiliation/Year	

## Contact

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_



*“Our Light Shines Brighter – Together”*

## Relatives and Friends

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

**NAME**

**RELATIONSHIP**

_____	_____
_____	_____
_____	_____

## Yahrzeit Information

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

**NAME**

**RELATIONSHIP**

**DATE OF DEATH**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## 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:**

	<b>TEMPLE AKIBA PROGRAMS AND ACTIVITIES</b>
	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
	Singles Program
	Sisterhood
	Social Action
	Torah Study
	Tot Shabbat
	Ways and Means
	Young Adults/Couples Programming
	Other:

	<b>VOLUNTEER OPPORTUNITIES</b>
	Front Office
	Nursery School
	Religious School
	High Holy Day Services
	Other:

	<b>Please indicate any SPECIAL SKILLS, INTERESTS, or HOBBIES you are willing to share with the Temple (music, art, computers, writing, fundraising, etc.):</b>

# Temple Akiba Young Adults MEMBERSHIP AGREEMENT

<b><u>Annual Gross Personal Income:</u></b>	Up to \$50,000	\$50,001- \$70,000	\$70,001- \$90,000	\$90,001+
<b><u>Per Person Membership Commitment:</u></b> <small>(through period ending June 30, 2012*)</small>	\$360	\$540	\$720	\$1,025
Your membership commitment includes Temple membership in the Union for Reform Judaism (URJ) and High Holy Day Tickets. *Eligibility as a Young Adult Member of Temple Akiba is at the discretion of the Board of Trustees. **See Administrator for partial year membership commitment.				

MEMBERSHIP COMMITMENT.....\$ \_\_\_\_\_  
 TZEDAKAH (optional).....\$ \_\_\_\_\_  
 ARZA (ASSOCIATION OF REFORM ZIONISTS  
 OF AMERICA) -- \$36 per membership (optional).....\$ \_\_\_\_\_  
  
**TOTAL DUE**.....\$ \_\_\_\_\_

The following payment options are offered for Membership Commitment. Please check the option that best suits your needs:		
	<b>PLAN</b>	<b>DESCRIPTION</b>
<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, 2011
<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, 2011

At least one-third of total commitment must be received by the High Holy Days to receive your High Holy Day 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](http://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 understand and acknowledge that I am responsible for the agreed upon commitment for the period 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 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.**

\_\_\_\_\_ Signature

\_\_\_\_\_ Date