



# WILSHIRE BOULEVARD TEMPLE MEMBERSHIP INFORMATION FORM 2018-2019

As Rabbi Leder once said, "Judaism can be summed up in two words: You matter."

We are delighted to have you join our Temple community allowing us to share your unique talents with us. We hope that you will bring your heart and mind to bear on this, your new spiritual home.

**You matter.**

## Tell Us About Yourself

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

City/State/Zip Code \_\_\_\_\_

Primary Phone \_\_\_\_\_

Personal Status

Single       Married      Date of Marriage \_\_\_\_\_

Life Partner       Divorced       Widowed

How would you like your name(s) listed on our mailing list? \_\_\_\_\_

Member 1: Gender _____		Member 2: Gender _____	
Last Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	
First Name			
Middle Name			
Maiden Name			
Preferred/Nickname			
Hebrew Name (Please write in English)			
Birthdate			
Cell Phone			
Preferred Email Address			
Social Media	Facebook _____ Twitter _____ Instagram _____	Facebook _____ Twitter _____ Instagram _____	
Occupation/Title (now or before retirement)			
Business Name			
Business Address City/State/Zip			
Business Phone			
Retired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College Attended	College _____ Grad School _____	College _____ Grad School _____	
Alumni of Camp Hess Kramer or Gindling Hilltop Camp	<input type="checkbox"/> Yes <input type="checkbox"/> No Years camper _____ Staff _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Years camper _____ Staff _____	
Religious background/denomination			
Congregational affiliation	<input type="checkbox"/> Most recent <input type="checkbox"/> Current	<input type="checkbox"/> Most recent <input type="checkbox"/> Current	
Other Org/Affiliations			

Children 22 years old and younger are included in your membership.

	Child 1: <input type="checkbox"/> male <input type="checkbox"/> female	Child 2: <input type="checkbox"/> male <input type="checkbox"/> female	Child 3: <input type="checkbox"/> male <input type="checkbox"/> female	Child 4: <input type="checkbox"/> male <input type="checkbox"/> female
Last Name				
First Name				
Middle Name				
Preferred/Nickname				
Hebrew name <b>(Please write in English)</b>				
Birthdate				
School Name				
High School Class Of				
Office Use: Child ID				

**“Torah can be acquired only through friendship.” - Talmud, Berakhot 63b**

### Tell Us Who You Know

Please list any friends or relatives who are members of the Wilshire Boulevard Temple community and their relationship to you. **(e.g. Name: Debbie Stein/Relationship: Dan’s cousin)**

Name	Relationship

### Tell Us About the Ancestors You Want to Honor

Please list those immediate family members whose *Yahrzeit* (anniversary of death) you would like us to remember. Please choose preferred observance:  Secular Date  Hebrew Date

Name	Relationship	Date of death (Secular date) <small>Print in English: month/date/year</small>

**“One teacher is not sufficient. Study with another, too.” - Meir**

### Tell Us About Your Clergy Connections

Do you have a relationship with any of our clergy members?

Yes, with Rabbi/Cantor \_\_\_\_\_

All new members are personally welcomed by a member of our clergy. Do you have a preference?

Yes, with Rabbi/Cantor \_\_\_\_\_  No, please choose someone for me

## Tell Us About Your Interests

Please check the boxes about which you would like more information. (1) denotes Adult 1, (2) denotes Adult 2.

1 2

- Adult education, programs, and study committee
- Wilshire Boulevard Temple Camps
- Chavurah (peer groups)
- Israel
- Jewish travel
- Music
- Men of Wilshire (men's group)
- Women of Wilshire (age 50+)
- Young professionals

1 2

- Caring Community (reach out to congregants in times of need or celebration)
- Be a mentor/find a mentor
- Food pantry volunteer
- Karsh Family Social Service Center volunteer
- Usher at High Holy Day services
- Usher at Shabbat services
- Fundraising
- Chanting Torah/Haftarah
- I have another idea! \_\_\_\_\_

What are you looking to add to your life by becoming a member of Wilshire Boulevard Temple?

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What skills do you have that you might contribute? \_\_\_\_\_

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Do you have any special interests or needs? \_\_\_\_\_

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## Tell Us How You Found Us

- Referred by \_\_\_\_\_  Publication \_\_\_\_\_
- Website  Live in neighborhood  Signage on property  Other \_\_\_\_\_

## Tell Us Why You're Joining Wilshire Boulevard Temple (check all that apply)

- New to Area  Community  Learning Opportunities  History and Heritage
- Shabbat & Holiday Services  Camp Alumni  Nefesh Community  Karsh Center
- Children in:
- Mann Family Early Childhood Center  Erika J. Glazer Early Childhood Center
  - Brawerman Elementary School West  Brawerman Elementary School East
  - B'nei Mitzvah  Teen Program  Religious School
- Rabbi/Cantor \_\_\_\_\_  Other \_\_\_\_\_

## Release for Use of Likeness

### For Adults

For valuable consideration, I hereby irrevocably grant Wilshire Boulevard Temple permission to use, in perpetuity, without compensation, my likeness in photographic or other form in any and all of its publications, and in any and all other media, whether now or hereafter existing, controlled, created, arranged, published, disseminated or utilized (collectively, "Published") by Wilshire Boulevard Temple or its licensees. I hereby release Wilshire Boulevard Temple from any and all rights, claims, actions, causes of action, damages, and other liability whatsoever; including, without limitation, any right of privacy, right of publicity, or any intellectual property rights (collectively, "Claims") that I may have or that may otherwise arise out of the use of my likeness.

Signed (Adult 1) \_\_\_\_\_  
Date: \_\_\_\_\_

Signed (Adult 2) \_\_\_\_\_  
Date: \_\_\_\_\_

To exclude use of your child(ren)'s name and/or likeness, please list their name(s) below:

Name(s) of children:

_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

### For My/Our Children

For valuable consideration, I hereby irrevocably grant Wilshire Boulevard Temple permission to use, in perpetuity, without compensation, the likeness of my minor child(ren), identified in this application, in photographic or other form in any and all of its publications, and in any and all other media, whether now known or hereafter existing, Published by Wilshire Boulevard Temple or its licensees. I hereby release Wilshire Boulevard Temple from any and all Claims that they may have or that may otherwise arise out of the use of such likeness(es). I hereby represent that I am the parent or legal guardian of such child(ren) and have the full right and authority to act on their behalf and bind them.

# Membership Contribution Levels—Membership Year June 1, 2018-May 31, 2019

Please check the box for the Membership level of your choice.

Membership Level	Annual Contribution	Security and Facilities	New Member Fee **	TOTAL
<input type="checkbox"/> Standard 1 Single Adult	1,550	375	250	2,175
<input type="checkbox"/> Standard 2 Couple/Family	3,100	750	500	4,350
<input type="checkbox"/> Sustaining 1 Single Adult	2,610	375	250	3,235
<input type="checkbox"/> Sustaining 2 Couple/Family	5,220	750	500	6,470
<input type="checkbox"/> Sustaining 3 Couple/Family+Additional Seat(s)	5,220 +1,000/ each add'l seat	750	500	Variable
<input type="checkbox"/> Young 1 Single - under 33 at join date	600	250	n/a	850
<input type="checkbox"/> Young 2 Couple/Family - both spouses under 33 at join date	1,150	500	n/a	1,650

Security/Facilities fund is \$375 per adult. \*\*New Member fee is \$250 per adult; one-time charge.

## Each One Help One

By adding a gift to your membership through our Each One Help One program, you will help make Temple membership possible for other individuals and families for whom the full cost of membership is out of reach. Please help us say "yes" to anyone who wants to belong to our congregation. Thank you!

- Pillar - 1,000   
  Torah - 1,800   
  Avodah - 3,600   
  G'milut Chasadim - 5,400  
 Emet - 10,800   
  Tzedek - 18,000   
  L'Dor V'Dor - 36,000   
  Other \$\_\_\_\_\_

**"Whatever I want for myself, I want the same for that other person." – Maimonides**

## Payment Information

**Minimum payment of 25%** of your annual membership contribution is required to process your membership.

- **Minimum payment of 50%** of total balance is due by July 15. **Full payment of total balance is due by December 31** unless other arrangements have been made.
- Religious School requires separate application and payment.
- Beginning November we will prorate your annual contribution. Call the Membership Department for more information.
- Your membership contribution is **TAX DEDUCTIBLE** and **NON REFUNDABLE**.

No one is denied membership due to an inability to pay full membership contributions. For a confidential discussion of a contribution adjustment, contact our Membership Director at (213) 835-2132

Enclosed is my check payable to Wilshire Boulevard Temple

Please charge \$\_\_\_\_\_

to my:  Visa     Master Card     Discover     American Express

Card Number \_\_\_\_\_ Security Code \_\_\_\_\_ Exp Date \_\_\_\_\_

Billing Address \_\_\_\_\_ Name on Card \_\_\_\_\_

We have eliminated the annual fee for using your credit card. However, please be aware that each transaction can cost the Temple up to approximately 3% of the total, which is money we would all prefer to use investing in programs and services that enhance your experience as a congregant. *Therefore, we prefer checks.*

*Thank you for completing this membership information form. We welcome you to our congregation.*