



WILSHIRE BOULEVARD TEMPLE MEMBERSHIP INFORMATION FORM 2019-2020

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 (Please write in English)				
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	Member 1	Member 2

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 | 1 | 2 |
|--|--------------------------|---|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adult education, programs, and study committee | | Caring Community (reach out to congregants in times of need or celebration) | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wilshire Boulevard Temple Camps | | Be a mentor/find a mentor | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chavurah (peer groups) | | Food pantry volunteer | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Israel | | Karsh Family Social Service Center volunteer | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Jewish travel | | Usher at High Holy Day services | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Music | | Usher at Shabbat services | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Men of Wilshire (men's group) | | Fundraising | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Women of Wilshire (age 50+) | | Chanting Torah/Haftarah | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Young professionals | | I have another idea! _____ | |

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

What skills do you have that you might contribute? _____

Do you have any special interests or needs? _____

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 Koleinu 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, 2019-May 31, 2020

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	1,625	400	250	2,275
<input type="checkbox"/> Standard 2 Couple/Family	3,250	800	500	4,550
<input type="checkbox"/> Sustaining 1 Single Adult	2,700	450	250	3,400
<input type="checkbox"/> Sustaining 2 Couple/Family	5,400	900	500	6,800
<input type="checkbox"/> Sustaining 3 Couple/Family+Additional Seat(s)	5,400 +1,000/ each add'l seat	900	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

**New Member fee is \$250 per adult; one-time charge.

The Temple Fund

By adding a gift to your membership through our Temple Fund campaign, you will help make possible:

Torah study and Jewish learning State-of-the-art security Religious School scholarships and programs
 Music and cultural performances Special events and programs Membership assistance Interfaith activities

\$1,000 \$1,800 \$3,600 \$5,400
 \$10,800 \$18,000 \$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.