



WILSHIRE BOULEVARD TEMPLE

MEMBERSHIP INFORMATION FORM 2024-2025

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 _____

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 _____
	<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.
Last Name		
First Name		
Middle Name		
Maiden Name		
Preferred/Nickname		
Hebrew Name (Please write in English)		
Birthdate		
Cell Phone		
Preferred Email Address		
Driver's License/ID number	State issued _____	State issued _____
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
Military Service	<input type="checkbox"/> US Military <input type="checkbox"/> Other <input type="checkbox"/> Israeli Military	<input type="checkbox"/> US Military <input type="checkbox"/> Other <input type="checkbox"/> Israeli Military
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 25 and younger are included in your membership.

	Child 1: <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> non-binary <input type="checkbox"/> prefer not to say	Child 2: <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> non-binary <input type="checkbox"/> prefer not to say	Child 3: <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> non-binary <input type="checkbox"/> prefer not to say	Child 4: <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> non-binary <input type="checkbox"/> prefer not to say
Last Name				
First Name				
Middle Name				
Preferred/Nickname				
Hebrew name (Please write in English)				
Birthdate				
Cell phone				
School Name				
High School Class Of				
College/University				
College/University Class of				

“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 Who Your Family Members Are

In anticipation of sharing your important life cycle events with our community, please list immediate family members not included above: your parents or adult children (and grandchildren), your siblings and their children – even if they are not Temple members.

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)

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"/> |
| <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"/> | <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"/> |
| <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"/> | <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"/> |

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?

“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 How You Found Us

Referred by _____ Publication _____ Social Media

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

Koleinu Community

Camp Alumni

Karsh Center

Life Cycle

Rabbi/Cantor _____

Other _____

Children in:

Mann Family Early Childhood Center

Erika J Glazer Early Childhood Center

Lynda and Stewart Resnick Early Childhood Center

Brawerman Elementary School East

Brawerman Elementary School West

Religious School

B'nei Mitzvah

Every member of Wilshire Boulevard Temple is a member of the entire Temple at every location including our Camps and digital offerings.

We are asking the following question for planning purposes only.

I/We consider my/our primary campus to be:

Resnick Irmas Glazer All of the above None of the above

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: _____

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.

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

Name(s) of children:

Membership Contribution Levels—Membership Year June 1, 2024-May 31, 2025

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	\$1,925	\$465	\$250	\$2,640
<input type="checkbox"/> Standard 2 Couple/Family	\$3,850	\$930	\$500	\$5,280
<input type="checkbox"/> Sustaining 1 Single Adult	\$3,285	\$550	\$250	\$4,085
<input type="checkbox"/> Sustaining 2 Couple/Family	\$6,570	\$1,100	\$500	\$8,170
<input type="checkbox"/> Sustaining 3 Couple/Family+Additional Seat(s)	\$6,570 +1,000/ each add'l seat	\$1,100	\$500	Variable
<input type="checkbox"/> Young 1 Single - 32 or younger	\$650	\$250	n/a	\$900
<input type="checkbox"/> Young 2 Couple/Family - both 32 or younger	\$1,300	\$500	n/a	\$1,800

**New Member fee is \$250 per adult; one-time charge (not applicable to Young 1 and Young 2).

The Temple Fund

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



State-of-the-art security



Membership assistance

- | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$1,800 | <input type="checkbox"/> \$3,600 | <input type="checkbox"/> \$5,400 |
| <input type="checkbox"/> \$10,800 | <input type="checkbox"/> \$18,000 | <input type="checkbox"/> \$36,000 | <input type="checkbox"/> 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 Engagement 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 or you can pay securely via direct debit online at www.wbfla.org/pay.*

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