



Membership Information Form 10/11

Welcome to Wilshire Boulevard Temple. **Please return this form, a family photo and payment to the Membership Department in the enclosed envelope.** These pictures are for office use only and will not be published.

Personal Information *Please print clearly and use black or blue ink*

| | Adult 1 <input type="checkbox"/> Male <input type="checkbox"/> Female | Adult 2 <input type="checkbox"/> Male <input type="checkbox"/> Female |
|--|--|--|
| Full name (Please include middle name or initial) | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____ _____ First Middle Last | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____ _____ First Middle Last |
| Preferred name (Steve for Steven) | | |
| 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 | |
| Hebrew name (if known) | | |
| Date of birth | | |
| Birthplace | | |
| Mother's full name | | |
| Father's full name | | |
| Years living in Los Angeles | | |
| 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 _____ |
| Education Highest level completed | <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Professional School <input type="checkbox"/> Other _____ | <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Professional School <input type="checkbox"/> Other _____ |
| Name of college attended | College _____ Grad. School _____ | College _____ Grad. School _____ |
| Religious background in which you were raised | <input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Jewish Unaffiliated <input type="checkbox"/> Other _____ | <input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Jewish Unaffiliated <input type="checkbox"/> Other _____ |
| Most recent or current congregational affiliation/date of membership | | |

Contact Information

How would you like your name(s) to appear on Temple mailings?

Name(s): _____

Home address: _____

City: _____ State: _____ ZIP Code: _____

Phone: (____) _____ Adult 1 cell: (____) _____ Adult 1 e-mail: _____

Fax: (____) _____ Adult 2 cell: (____) _____ Adult 2 e-mail: _____

FOR OFFICE USE ONLY:

CC: _____

Mem. No: _____ Mem Type: _____ Seating: _____ AC: _____ FF: _____ NMF: _____

Business Information

| | Adult 1 | Adult 2 |
|-----------------------|---------|---------|
| Occupation/profession | | |
| Specialization | | |
| Position/Title | | |
| Firm/Company Name | | |
| Address | | |
| City, State ZIP Code | | |
| Business Phone | | |
| Business Fax | | |
| Business E-mail | | |

Referral Information

| How did you hear about us? | Reason for joining (check all that apply) |
|---|--|
| <input type="checkbox"/> Referred by: _____ <input type="checkbox"/> Website <input type="checkbox"/> Jewish publication: _____ <input type="checkbox"/> Live in neighborhood <input type="checkbox"/> Signage on property <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Children in: (Circle all that apply) Nursery School, Day School, Religious School, B'nei Mitzvah, Teen Program, Camps <input type="checkbox"/> Worship service <input type="checkbox"/> Adult learning <input type="checkbox"/> New to area <input type="checkbox"/> Community <input type="checkbox"/> Other: _____ |

Friends and Relatives Information

Please list any close friends or relatives who are members of the Wilshire Boulevard Temple community and their relationship to you (i.e. Sarah Cohen/Ben's Cousin)

| Name | Relationship |
|------|--------------|
| | |
| | |
| | |
| | |

Yahrzeit Information

Please list those immediate family members whose Yahrzeit (anniversary of death) you would like us to remember.

| Name | Date of Death (secular date) | Relationship |
|------|------------------------------|--------------|
| | / / | |
| | / / | |
| | / / | |
| | / / | |
| | / / | |

We would like to observe the Secular date Hebrew date (please check one)

Children's Information

Children 18-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 |
|--------------------------------------|--|--|--|--|
| First and middle name | | | | |
| Last name | | | | |
| Preferred name (Steve for Steven) | | | | |
| Hebrew name (if known) | | | | |
| Current grade in school | | | | |
| Name of school | | | | |
| Birth date (month, day, year) | | | | |
| FOR OFFICE USE ONLY: | | | | |
| CHILD ID | | | | |

If you have more than four children, please copy this page and attach additional sheet.

Interest and Involvement Information

Please check the boxes of programs about which you would like more information. Please denote (1) for Adult 1 and (2) for Adult 2.

| 1 | 2 | 1 | 2 |
|--|--------------------------|--|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adult Education (courses, lectures, retreats...) | | Mann Family Early Childhood Center (Irmis Campus--West Los Angeles) | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B'nei Mitzvah | | Religious School | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Brawerman Elementary School (K-6) | | Social Action and/or Community Service (interfaith programs, food pantry...) | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Camp Alumni Programs | | Volunteer Work at Temple (ushering at services, serving on a committee) | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cultural Programming in the Arts (performances, programs, classes...) | | Wilshire Boulevard Temple Camps (sleepover campers entering 3 rd - 10 th grades) | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chaver Program (congregants reaching out to others in times of need or celebration) | | Young Professionals Programs - "theblvd" (events for couples, singles, 21 - 39) | |
| <input type="checkbox"/> | <input type="checkbox"/> | | |
| Israel/Diaspora (educational programs, travel opportunities) | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | |
| Erika J. Glazer Early Childhood Center (Temple Campus) | | | |

Other organizations in which you are involved:

We welcome any comments regarding special interests or needs you may have: _____

Would you like us to arrange a personal meeting with one of our rabbis? Yes No

Dues Structure and Explanation of Fees — Membership Year June 1, 2010 - May 31, 2011

Please check the box next to the membership level of your choice.

| Membership Level | Annual Contribution | Facilities Fund* | New Member Fee** | TOTAL | Donor Circle TOTAL (Includes membership dues) | |
|--|---------------------|------------------|------------------|---------------|---|--|
| <input type="checkbox"/> Standard 1 (Single Adult) | \$1090 | \$100 | \$150 | \$1340 | <input type="checkbox"/> Pillar: \$2340 <input type="checkbox"/> Torah: \$3140 | <input type="checkbox"/> Avodah: \$4940 <input type="checkbox"/> G'milut Chasadim: \$6740 |
| <input type="checkbox"/> Standard 2 (Couple) | \$2180 | \$200 | \$300 | \$2680 | <input type="checkbox"/> Pillar: \$3680 <input type="checkbox"/> Torah: \$4480 | <input type="checkbox"/> Avodah: \$6280 <input type="checkbox"/> G'milut Chasadim: \$8080 |
| <input type="checkbox"/> Sustaining 1 (Single Adult) | \$1450 | \$100 | \$150 | \$1700 | <input type="checkbox"/> Pillar: \$2700 <input type="checkbox"/> Torah: \$3500 | <input type="checkbox"/> Avodah: \$5300 <input type="checkbox"/> G'milut Chasadim: \$7100 |
| <input type="checkbox"/> Sustaining 2 (Couple) | \$2900 | \$200 | \$300 | \$3400 | <input type="checkbox"/> Pillar: \$4400 <input type="checkbox"/> Torah: \$5200 | <input type="checkbox"/> Avodah: \$7000 <input type="checkbox"/> G'milut Chasadim: \$8800 |
| <input type="checkbox"/> Young 1 (23-32 Single) | \$385 | Included | Included | \$385 | | |
| <input type="checkbox"/> Young 2 (23-32 Couple) | \$770 | Included | Included | \$770 | | |

* Facilities Fund is \$100 per adult High Holy Day ticket per year.

** New Member Fee is \$750 per adult; payable over five years.

- Minimum payment of 25% of your total balance is necessary to process your application.
- Minimum 50% of total balance is due by the High Holy Days. Full payment of total balance is due by December 31 unless other arrangements have been made. *Religious school requires separate application & payment.*
- Beginning November we will prorate member dues. Call the Membership Department for more information.
- Your Membership Contribution is TAX DEDUCTIBLE and NON REFUNDABLE

Payment Information

Enclosed is my check payable to Wilshire Boulevard Temple (If you make partial payment by check, a credit card processing fee will be added to your billing statement. If you continue to pay by check, once you are at a zero balance, the cc processing fee will be reversed.)

Please charge \$ _____ plus a **\$50 credit card processing fee** for a total of \$ _____ to my:

Visa Master Card Discover

Card Number _____ Exp Date _____ Billing ZIP _____

Name on Card _____ 3 digit CVV code (from back of card) _____

Release for Use of Likeness

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.

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.

Signed (Adult 1) _____ Date: _____

Signed (Adult 2) _____ Date: _____

Please exclude my child(ren), listed below, from the Release of Likeness (If you have more than three minor children, please copy this page and attach)

Name(s) of children: _____ Do not use photo likeness Do not use name
 _____ Do not use photo likeness Do not use name
 _____ Do not use photo likeness Do not use name