



creative arts temple
An Unorthodox Congregation

MEMBERSHIP STATUS

☐ Current member ☐ New member ☐ Non-member

Description	Donation Amount
LIFETIME MEMBERSHIP (Couples) May be in ten (10) monthly \$600 payments. <i>Includes one (1) large memorial plaque</i>	\$6000 \$_____
REGULAR MEMBERSHIP Adult membership (Paid after 7/1/17) *Early Bird Adult Membership <i>Full payment must be received by 7/1/17)</i>	\$500 ea \$_____ \$475 ea \$_____
YOUNG ADULT MEMBERSHIP Twenty-Eight years old and under	\$300 ea \$_____
Member Extra Seats	\$225 ea \$_____
Non Member Seats	\$250 ea \$_____

TOTAL NUMBER OF SEATS REQUESTED _____

PARKING (\$10 a day) \$_____
☐ Erev Rosh Hashanah ☐ Rosh Hashanah ☐ Kol Nidre ☐ Yom Kippur

HIGH HOLY DAY PRAYER BOOKS \$ 40 ea \$_____

CONTRIBUTION TOTALS (combined) \$_____

GRAND TOTAL - All Tax Deductible Contributions: \$_____

Please make your checks payable to **Creative Arts Temple**

☐ Mastercard ☐ Visa #_____

Cardholder (as it appears on card) _____ exp. date / sec.code _____

Please charge \$_____ to my credit card

Your Signature _____ Date _____

There will be a 3% Convenience Charge for Credit Card Usage.

☐ **Yes, I would like to receive Temple Talk by Email**

P.O. Box 241831
Los Angeles, CA 90024
Tel: (310) 446-1800
Fax: (310) 943-3162

Email: info@creativeartstemple.org

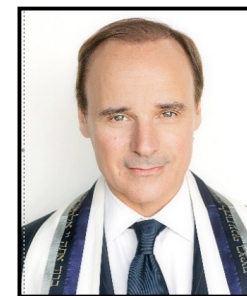
Website: creativeartstemple.org

2017 *5778

Membership Form



Rabbi Jerry Cutler



Cantor Paul Dorman

Rosh Hashanah * Sept. 20, Sept. 21
Wednesday 8pm, Thursday 10am

Tashlich By The Sea * Sept. 22, Friday 10am

Kol Nidre * Sept. 29 - Friday 8pm

Yom Kippur * Sept. 30 – Saturday 10am

High Holy Day Services are held at

Westwood United Methodist Church
10497 Wilshire Blvd.

Los Angeles, CA 90024

Please complete and return form to Creative Arts Temple

New Member/Seat Reservation Creative Arts Temple

Rabbi Jerry Cutler

We are committed to our faith and our community. Please address any requests for special dispensation to the Temple office. We will try our best to accommodate you.

_Mr. _Dr.

_Mrs. _Ms.

Address_____

City_____

Home phone_____ Work Phone_____

Email_____ Cell Phone_____

Birthday_____ Hebrew Name_____

Occupation_____ Retired_____

Marital Status _Single _Married _Widowed _Divorced

Email_____ Cell Phone_____

Birthday_____ Hebrew Name_____

Occupation_____ Retired_____

Children Name Birthday Sex Hebrew Name

1. _____

2. _____

3. _____

GIBORIM – HEROES

Please indicate your additional contribution level in addition to Standard Membership Dues:

___ **Chesed** (Kindness & Goodness) \$ 500 - \$1,799

___ **Chai** (Life) \$ 1,800 - \$3,599

___ **Double Chai** \$ 3,600 - \$5,399

___ **Triple Chai** \$ 5,400 - \$9,999

___ **Seraphim** (Order of Angels) \$10,000

ADDITIONAL GIBORIM CONTRIBUTION \$_____

Supplemental Membership and Sponsor Opportunities

ONEG

___ I/we would like to be an Annual Sponsor (\$600)

___ I/we would like to sponsor ___ Oneg Shabbat this year (\$50 each)

On the following dates:_____

In honor/memory of:_____

FLOWERS I/we will sponsor High Holiday Flowers (\$190 each) ___

SUPPLEMENTAL CONTRIBUTIONS \$_____

Would you like to be called to the Ark for an Aliya? _Yes _No

If yes, are you able to read the prayer? _Yes _No

(If no, the Rabbi or Cantor will be happy to assist you.)

___Cohen ___Levi ___Israelite

MEMORIAL PLAQUES

Small (2" X 9") \$300 ea \$_____

Large (4" X 10") \$500 ea \$_____

TREE OF LIFE

Leaf \$ 100 ea \$_____

Plaque \$250 ea \$_____

BOOK OF REMEMBRANCE

To be included in the BOOK OF REMEMBRANCE, your request must be received in the Temple Office by **September 11.**

Please provide a list of loved ones you want remembered in the **Book Of Remembrance.** (Please print as clearly as you wish the name(s) to appear.)

NAME

RELATIONSHIP

DATE

First name is **\$40** and **\$20** for each additional name \$_____

Full Page in the **Book Of Remembrance** \$200 \$_____

10 Names included – Extra Names \$ 15 ea \$_____

SUBTOTAL: \$_____