

MEMBERSHIP STATUS

Current member New member Non-member

Description**LIFETIME MEMBERSHIP** (Couples)

May be in ten (10) monthly \$600 payments.

Includes one (1) large memorial plaque

Donation Amount

\$6000 \$_____

REGULAR MEMBERSHIP

Adult membership (Paid after 7/1/17)

*Early Bird Adult Membership

Full payment must be received by 7/1/17)

YOUNG ADULT MEMBERSHIP

Twenty-Eight years old and under

\$500 ea \$_____

\$475 ea \$_____

\$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

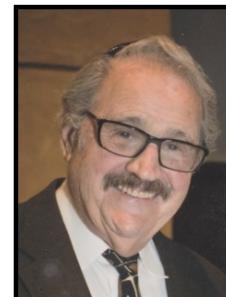


CREATIVE arts temple
An Unorthodox Congregation

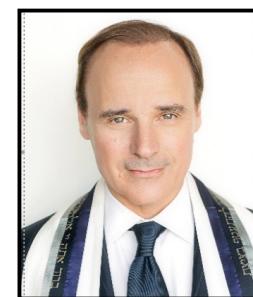
P.O. Box 241831
Los Angeles, CA 90024
Tel: (310) 446-1800
Fax: (310) 943-3162

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.

Last Name

First Name

M.I.

Address

City

Home phone

Work Phone

Email

Cell Phone

Birthday

Hebrew Name

Occupation

Retired

Marital Status

Single Married Widowed Divorced

Spouse (name)

Anniversary

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
_____	_____	_____
_____	_____	_____

SUBTOTAL:

\$ _____