

## MEMBERSHIP STATUS

☐ Current member ☐ New member ☐ Non-member

Description	Donation	Amount
<b>LIFETIME MEMBERSHIP</b> (Couples) May be in ten (10) monthly \$750 payments. <i>Includes one (1) large memorial plaque</i>	\$7500	\$_____

## REGULAR MEMBERSHIP

Adult membership (Paid after 7/1/18)	\$500 ea	\$_____
*Early Bird Adult Membership <i>Full payment must be received by 6/30/18)</i>	\$475 ea	\$_____

## YOUNG ADULT MEMBERSHIP

Twenty-Eight years old and under	\$300 ea	\$_____
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Member Extra Seats	\$225 ea	\$_____
Non Member Seats	\$250 ea	\$_____

TOTAL NUMBER OF SEATS REQUESTED \_\_\_\_\_

**PARKING** (\$10 per car per 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*



**creative arts temple**  
*An Unorthodox Congregation*

P.O. Box 241831

Los Angeles, CA 90024

Tel: (818) 855-1301

Fax: (310) 943-3162

Email: [info@creativeartstemple.org](mailto:info@creativeartstemple.org)

Website: [creativeartstemple.org](http://creativeartstemple.org)

2018 \*5779

**Membership Form**



Rabbi Jerry Cutler Cantor Paul Dorman

Rosh Hashanah \* Sept. 9 , Sept. 10

Sunday 8pm, Monday 10am

Tashlich By The Sea \* Sept. 11, Tuesday 11am

Kol Nidre \* Sept. 18 - Tuesday 8pm

Yom Kippur \* Sept. 19 - Wednesday 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. \_\_\_\_\_

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

\_\_\_\_Yes, I would like to receive Temple Talk by Email

## 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 and above

**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 (\$180 each) \_\_\_\_

**SUPPLEMENTAL CONTRIBUTIONS** \$\_\_\_\_\_

**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 **August 31**.

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 OF PASSING**

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:** \$\_\_\_\_\_