

Creative Arts Temple

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Rabbi Jerry Cutler

2011 *5772
 Membership Form
 Rosh Hashanah * Sept. 28, Sept. 29
 Wednesday Evening, Thursday
 Tashlich By The Sea* Sept. 30- Friday
 Kol Nidre * Oct. 7 - Friday Evening
 Yom Kippur * Oct. 8 – Saturday
 High Holy Day Services are held at
 Beverly Hills High School
 241 Moreno Drive

Free Parking

New Member/Seat Reservation

MEMORIAL PLAQUES

Small (2" X 9") \$200 ea \$ _____

Large (4" X 10") \$400 ea \$ _____

TREE OF LIFE

Leaf \$ 58 ea \$ _____

Plaque \$200 ea \$ _____

BOOK OF REMEMBRANCE

To be included in the BOOK OF REMEMBRANCE, your request must be received in the temple office by **September 15**

MEMBERSHIP STATUS:

Current Member New Member Non-Member

First name is \$38 and \$20 for each additional name.

\$ _____

Full Page in the **Book Of Remembrance** \$180 \$ _____

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

TOTAL: \$ _____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Use last page for extra names

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

Committees/Volunteer Positions Available:

Advertising/Publicity Assist in Office Creative Ladies

Entertainment Fundraising Havurah Membership

Newsletter Ritual Sunshine Telephone

Yes, I would like to receive Temple Talk by Email _____

Description	Donation Amount
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LIFETIME MEMBERSHIP: (Couples)

May be in ten (10) monthly \$560 payments.

Includes one (1) Lifetime Member Plaque: \$5600 \$ _____

REGULAR MEMBERSHIP:

Adult membership (Paid after 7/15/11) \$420 ea \$ _____

*Early Bird adult Membership:

Full payment must be received by 7/15/11 \$395 ea \$ _____

YOUNG ADULT MEMBERSHIP:

Twenty-Eight years old and under: \$290 ea \$ _____

Member Extra Seats \$185 ea \$ _____

Non Member Seats \$210 ea \$ _____

TOTAL NUMBER OF SEATS REQUESTED: _____

HIGH HOLY DAY PRAYER BOOKS: \$ 36 ea \$ _____

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 Oneg Sponsor (\$600)
-I/we would like to sponsor __Oneg Shabbat this year (\$50 each)
On the following dates: _____
In honor/memory of: _____

**Use this space for any additional information (Book of
Remembrance, Oneg dates and honorees)**

FLOWERS: _I/we would like to sponsor High Holiday Flowers
(\$175 each)

SUPPLEMENTAL CONTRIBUTIONS: \$ _____

Total From Last Page: \$ _____

GRAND TOTAL - All Tax Deductible Contributions: \$ _____

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

_Mastercard _Visa # _____

expiration date security.code

Cardholder (as it appears on card)

Please charge \$ _____ to my credit card

Your Signature _____ Date: _____

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

Please complete the form and return form to Creative Arts Temple