



July 1, 2019

Dear Congregant,

As we look forward to the 2019 – 2020 year, we are writing to request and encourage your generous support of the mission of our congregation for the coming year. The financial support of our members enables us to maintain the high quality of religious, educational, cultural and social action programming that we provide to you and all of our members, regardless of level of giving.

This year we are introducing a new membership model. Our Sustainability Model is a dynamic and simplified financial structure centered around the TBA community.

Each individual or family pledges an annual financial commitment based on the amount they are able to give and choose to contribute to financially sustain Temple Beth Ami. Suggested contribution levels are based around a "Sustaining Level," which is the average amount needed from each member household to sustain the facilities, operation, programs and services at Temple Beth Ami – in this case, \$1,800. This excludes TBA Religious School, which will continue to remain funded primarily through tuition.

Some members are able to commit above the \$1,800 level and others below. What is most important is that your annual commitment is at a level that is meaningful and appropriate to you and your family. We consider ALL donations meaningful!

Suggested contribution levels

Supporting: up to \$1,799

Sustaining: \$1,800 +

Chai Club: \$3,600 +

Benefactor: \$5,400 +

(those who contribute above the "Sustaining" level and above will receive special recognition).

We ask that you return your completed Membership form for the fiscal year beginning July 1, 2019 to the synagogue office by Aug. 1, 2019. If you have any questions, please feel free to reach out to us and we will be happy to help you.

Thank you for being a vital part of our congregational community and for your very meaningful commitment for the coming year.

L'shalom

A handwritten signature in cursive script, appearing to read "Lori Litel".

Lori Litel
President



Temple Beth Ami

Member, URJ
23023 Hilse Lane
Santa Clarita, CA 91321
661.255.6410
www.TempleBethAmi.org

2019—2020 Membership Record

Since 1987 Temple Beth Ami (TBA) has been the center of Jewish life in Santa Clarita. TBA was founded to serve the spiritual needs of the Jewish community here in the Santa Clarita Valley and we are dedicated to the dual pillars of compassion and outreach. We want to emphasize that each and every member is a valued part of TBA's sacred community. This agreement refers to the fiscal year July 1, 2019 - June 30, 2020.

Membership

I hereby apply for membership at Temple Beth Ami, Santa Clarita, CA. To ensure the continued Jewish presence in Santa Clarita, I commit that my annual contribution for this year is:

\$ _____

Contribution Amount

Contribution Levels:

Supporting	up to \$1,799
Sustaining	\$1,800 +
Chai Club	\$3,600 +
Benefactor	\$5,400 +

School Fees

I hereby request my child be enrolled for formal education courses at Temple Beth Ami, Santa Clarita, CA.

\$ _____

Grade(s) Being Enrolled

Total School Fees

20% discount on lesser tuition for sibling

Please complete for each child being enrolled:

School Fee Schedule per child

Annual Tuition Fee

Grades K through 3	Sundays only	\$650
Grades 4 through 7	Thursdays & Sundays	\$1300

*Grades 4 - 7 tuition does not change if only attending one day.
Attending only one day does not satisfy Zayin Class requirement*

- School fees are non refundable
- Bar/Bat Mitzvah tutoring and fees additional
- Parents of Bar/Bat Mitzvah candidates must be members in good standing.

	Child 1	Child 2	Child 3	Child 4
Last Name				
First Name				
Hebrew Name (in English)				
Birth Date Age				
Gender (F / M) Grade				
Special Educational Needs				
Bar/Bat Mitzvah Year				

Payment Options:

- ☐ FACTS Secure web-based automatic monthly payment
☐ Credit Card

☐ Pay in full by check or credit card
Temple Beth Ami accepts Visa and Mastercard

Name: _____
Please print

Card # _____

CVC _____ Exp _____

Signature: _____

Date: _____



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2019—2020 Membership Record

Adult 1:

First/Last Name	Daytime #	Best time to call	Email address
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Adult 2:

First/Last Name	Daytime #	Best time to call	Email address
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For Adult 1 and Adult 2; check the items you are interested in:

- | | | | | | |
|----------------------------|---|----------------------------|--|----------------------------|---|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| <input type="checkbox"/> | <input type="checkbox"/> Adult Bar/Bat Mitzvah | <input type="checkbox"/> | <input type="checkbox"/> Community Seder | <input type="checkbox"/> | <input type="checkbox"/> Activities for Seniors |
| <input type="checkbox"/> | <input type="checkbox"/> Adult Choir | <input type="checkbox"/> | <input type="checkbox"/> Family Promise | <input type="checkbox"/> | <input type="checkbox"/> Shabbat/Havdalah |
| <input type="checkbox"/> | <input type="checkbox"/> Adult Education | <input type="checkbox"/> | <input type="checkbox"/> LGBTQ | <input type="checkbox"/> | <input type="checkbox"/> Sisterhood |
| <input type="checkbox"/> | <input type="checkbox"/> Caregiver Support | <input type="checkbox"/> | <input type="checkbox"/> Men's Club | <input type="checkbox"/> | <input type="checkbox"/> Different Needs Havdalah |
| <input type="checkbox"/> | <input type="checkbox"/> Children's High Holiday Prog | <input type="checkbox"/> | <input type="checkbox"/> Mommy and Me | <input type="checkbox"/> | <input type="checkbox"/> Teen Group |
| <input type="checkbox"/> | <input type="checkbox"/> Genealogy Series | <input type="checkbox"/> | <input type="checkbox"/> Speaker's Series | <input type="checkbox"/> | <input type="checkbox"/> Teen Torah Study |
| <input type="checkbox"/> | <input type="checkbox"/> Theatre | <input type="checkbox"/> | <input type="checkbox"/> Day Travel/Travel | <input type="checkbox"/> | <input type="checkbox"/> Havurot |
| <input type="checkbox"/> | <input type="checkbox"/> Other: _____ | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> Other: _____ | | | | |

I want to share my expertise in the following areas:

- | | | | | | |
|----------------------------|--|----------------------------|---|----------------------------|---|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| <input type="checkbox"/> | <input type="checkbox"/> Accounting | <input type="checkbox"/> | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> | <input type="checkbox"/> Photography |
| <input type="checkbox"/> | <input type="checkbox"/> Carpenter/Handyperson | <input type="checkbox"/> | <input type="checkbox"/> Graphic Arts | <input type="checkbox"/> | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> | <input type="checkbox"/> Computer Skills/Web | <input type="checkbox"/> | <input type="checkbox"/> Legal | <input type="checkbox"/> | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> | <input type="checkbox"/> Entertainment | <input type="checkbox"/> | <input type="checkbox"/> Leadership Development | <input type="checkbox"/> | <input type="checkbox"/> Teaching Hebrew |
| <input type="checkbox"/> | <input type="checkbox"/> Fundraising | <input type="checkbox"/> | <input type="checkbox"/> Marketing | <input type="checkbox"/> | <input type="checkbox"/> Teaching Judaica |
| <input type="checkbox"/> | <input type="checkbox"/> Other: _____ | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> Other: _____ | | | | |

I like to help, just call me! ☐

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2019—2020 Membership Record

Date: _____

Family Name:		Marital Status of Adult Member(s)	
Home Phone:	Emergency Contact No:	_____ Married Anniversary Date: _____ _____ Single _____ Life Partners _____ Divorced _____ Widowed	
Home Address:		Billing Address if not home address:	
City:	Zip code:	City / State for Billing address:	Zip code:

Adult Member 1	Adult Member 2
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Hebrew Name (in English) _____	Hebrew Name (in English) _____
Birth Date: Month _____ Day _____ Year _____ Age: _____	Birth Date: Month _____ Day _____ Year _____ Age: _____
Faith: Jewish _____ Other: _____	Faith: Jewish _____ Other: _____
Office Ph: _____ Cell Ph: _____	Office Ph: _____ Cell Ph: _____
E-Mail: _____	E-Mail: _____
Occupation or Title (if employed): _____	Occupation or Title (if employed): _____
Employer: _____	Employer: _____

Yahrzeits (commemoration of a death of parent, sibling, spouse, child)

Family Member Name	Relationship	Date of Death (Secular) MM/DD/YYYY

Please attach additional pages if necessary.

PROFESSIONAL BUSINESS DIRECTORY (Please include my business/trade in the professional business directory)

Business/Professional Name To be listed in the directory	Type of Business/Service/Goods	Contact Information You Would Like Listed (e.g., email; phone number, address)

☐ **Exclude** my name and address from the Member Directory. The directory is only available to synagogue members.

☐ **Exclude** my email from Temple Communications. **Note that email is an important communication vehicle for the Temple, ONLY check this box if you do NOT want to receive the eBlast or online newsletter.**