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 emphazise 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% dscount on lesser tuition for sibliing

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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Adult 1:_____
First/Last Name Daytime # Best time to call Email address

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

For Adult 1 and Adult 2; check the items you are interested in:

1	2		1	2		1	2	
❑	❑	Adult Bar/Bat Mitzvah	❑	❑	Community Seder	❑	❑	Activities for Seniors
❑	❑	Adult Choir	❑	❑	Family Promise	❑	❑	Shabbat/Havdalah
❑	❑	Adult Education	❑	❑	LGBTQ	❑	❑	Sisterhood
❑	❑	Caregiver Support	❑	❑	Men's Club	❑	❑	Different Needs Havdalah
❑	❑	Children's High Holiday Prog	❑	❑	Mommy and Me	❑	❑	Teen Group
❑	❑	Genealology Series	❑	❑	Speaker's Series	❑	❑	Teen Torah Study
❑	❑	Theatre	❑	❑	Day Travel/Travel	❑	❑	Havurot

❑ ❑ Other:_____

❑ ❑ Other:_____

I want to share my expertise in the following areas:

1	2		1	2		1	2	
❑	❑	Accounting	❑	❑	Grant Writing	❑	❑	Photography
❑	❑	Carpenter/Handyperson	❑	❑	Graphic Arts	❑	❑	Public Relations
❑	❑	Computer Skills/Web	❑	❑	Legal	❑	❑	Social Media
❑	❑	Entertainment	❑	❑	Leadership Development	❑	❑	Teaching Hebrew
❑	❑	Fundraising	❑	❑	Marketing	❑	❑	Teaching Judaica

❑ ❑ Other:_____

❑ ❑ Other:_____

I like to help, just call me! ❑

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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.**