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. For those that can contribute towards the future growth and sustainability of TBA, we encourage and appreciate your discretionary “Foundation” contribution. For those who wish to be members but may have financial hardship, please contact us for information regarding membership dues assistance. 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, 2016 to June 30, 2017.

**Contribution Levels**

**Foundation** $5,000

**Family** $2,213

**Individuals**

18-29.................................................................... $872

30-64...................................................................$1220

65+........................................................................$872

**Couples**

Empty Nesters.....................................................$1358

Senior Couple $1120

**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 Level Membership Dues**

Your annual membership contribution includes High Holiday tickets for your immediate family

**School Fee Schedule per child**

**Annual Tuition Fee**

Grades K through 3 $650

Hebrew School Judaica (Sundays) $750

Hebrew School Hebrew Grade 4, 5 and 6 $550

Hebrew School Grade 7 /Bar/Bat Mitzvah Prep $600

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

**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**

**Please complete for each child being enrolled:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 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

Pay in full by check or credit card

Invoice (includes service fee $10 per payment) Visa, Mastercard

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Card #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print

CVC \_\_\_\_\_\_\_\_\_\_\_\_Exp\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 ❑ ❑ Senior Living

❑ ❑ Adult Choir ❑ ❑ Family Promise ❑ ❑ Shabbat/Havdalah

❑ ❑ Adult Education ❑ ❑ LGBTQ ❑ ❑ Sisterhood

❑ ❑ Chavurah ❑ ❑ Men's Club ❑ ❑ Sports

❑ ❑ Children's High Holiday Prog ❑ ❑ Mommy and Me ❑ ❑ Teen Group

❑ ❑ 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!** ❑

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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