



# Temple Beth Ami

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

## 2018 – 2019 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. For those that can contribute towards the future growth and sustainability of TBA, please ask us about Chai Club. 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, 2018 to June 30, 2019.

### 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**

#### Contribution Levels

**Chai Club**.....contact us  
**Family** .....\$2,213  
**Individuals**  
 18-29..... \$872  
 30-64.....\$1220  
 65+.....\$872  
**Couples**  
 Empty Nesters.....\$1358  
 Senior Couple .....\$1120

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

### 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**

#### School Fee Schedule per child

##### Annual Tuition Fee

Grades K through 3	\$650
Grades 4 through 6	\$1300
Grade 7	\$1350

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

**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) 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:**

- |                                   |   |                                   |  |                                   |   |
|-----------------------------------|---|-----------------------------------|--|-----------------------------------|---|
| <input type="checkbox"/> <b>1</b> | <input type="checkbox"/> <b>2</b>                     | <input type="checkbox"/> <b>1</b> | <input type="checkbox"/> <b>2</b>        | <input type="checkbox"/> <b>1</b> | <input type="checkbox"/> <b>2</b>               |
| <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"/> Small World PreSchool  |
| <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"/> Teen Torah Study       |

Other: \_\_\_\_\_

Other: \_\_\_\_\_

**I want to share my expertise in the following areas:**

- |                                   |  |                                   |   |                                   |   |
|-----------------------------------|--|-----------------------------------|---|-----------------------------------|---|
| <input type="checkbox"/> <b>1</b> | <input type="checkbox"/> <b>2</b>              | <input type="checkbox"/> <b>1</b> | <input type="checkbox"/> <b>2</b>               | <input type="checkbox"/> <b>1</b> | <input type="checkbox"/> <b>2</b>         |
| <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 |

Other: \_\_\_\_\_

Other: \_\_\_\_\_

**I like to help, just call me!**



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

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

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.**