



Temple Beth Ami

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

2019 – 2020 Membership Record

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"/> 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"/> 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"/> 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 |

Other: _____

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:		_____ Married Anniversary Date: _____	
Emergency Contact No:		_____ 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.**