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

2023 - 2024 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, 2023 – June 30, 2024.

Membership			Contribution Levels					
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			Supporting Up to \$1,799 Sustaining \$1,800 + Chai Club \$3,600 + Benefactor \$5,400 +					
School Fees			Bar/Bat Mitzv	ah Fees:				
I hereby request my child be enrolled for formal education courses at Temple Beth Ami, Santa Clarita, CA.			\$600 for All Grades \$500 For Each Additional Child scheduled \$1,000 bar/bat mitzvah + \$100 for streaming service					
Grade(s) Being Enrolled School Fees Please complete for each child being enrolled:			 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. 					
	Tar ar a	Ta a		I		I		
	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								
Adult 1:								
First/Last Name	Daytime # Be		est time to call		Email Add	Email Address		
Adult 2:								
First/Last Name	Daytime # Be		est time to call		Email Address			



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Date								
Family Name			Marital Status of Adult Member(s)					
Home Phone	Emergency C	ontact #	☐ Married Anniversary Date (MM/DD/YY)					
Home Address			□ Single	□ Life Partners	□ Divorced	□ Widowed		
City	Zip Code		City/State for Billing Address Zip Code		-			
Adult Member 1	•		Adult Membe	r 2				
Last Name			Last Name	Last Name				
First name			First name					
Hebrew Name (in English)			Hebrew Name (in English)					
Birth Date: (MM/DD/YY)		Age	Birth Date: (MM/DD/YY) Age			Age		
Faith □ Jewish □ Other (plea	ase list)		Faith □ Jewis	h □ Other (please	e list)	-		
Home Ph.	Cell Ph.		Home Ph. Cell Ph.			Ph.		
Email	-		Email		,			
Occupation or Title (if employed)			Occupation or Title (if employed)					
Employer			Employer					
			1					
/AHRZEITS (commemoration of a d								
Family Member Name			Relationship Dat		of Death (Sec	ular) MM/DD/YY		
						_		

Please attach additional pages if necessary.

[□] 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.



Temple Beth Ami

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

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1 2	1 2	Carla	1 2	art title a face Court and			
□ □ Adult Bar/Bat Mitzvah	□ □ Communit			ctivities for Seniors			
□ Adult Choir	□ □ Family Pro	mise		nabbat/Havdalah			
□ □ Adult Education	□ □ LGBTQ			sterhood			
□ □ Caregiver Support	□ □ Men's Club			fferent Needs Havdalah			
□ □ Children's High Holiday Prog	□ □ Mommy ar			een Group			
☐ Genealogy Series	□ □ Speaker Se			een Torah Study			
□ □ Theater	□ □ Day Travel,	ravei .	□ □ Ha	avurot			
□ □ Other:							
□ □ Other:							
I want to share my expertise in the	following areas:						
1 2	1 2		1 2				
□ □ Accounting	Grant Writ	ing	□ □ Pł	notography			
□ □ Carpenter/Handyperson	□ □ Graphic Ar	ts	□ □ Pt	ublic Relations			
□ □ Computer Skills/Web	□ □ Legal		□ □ Sc	ocial Media			
□ □ Entertainment	□ □ Leadership	Development	□ □ T €	eaching Hebrew			
□ □ Fundraising	□ □ Marketing		□ □ T €	eaching Judaica			
□ □ Other:							
□ □ Other:							
□ I like to help, just call me!							
PAYMENT INFORMATION:							
□ FACTS Secure web-based automatic monthly payment		Temple Beth Ar	 Pay in full by check or credit card Temple Beth Ami accepts Visa and Mastercard Other: 				
□ Credit Card							
Name: Please Print		Card #					
मास्वरस् मागार		CVC		Ехр			
Signature:		Date:					