

Temple Beth Am 2019-20 Paper Membership Renewal with Dues Relief Request Due 7/15/19

For use by **Current** Members who prefer not to renew online. **New Members:** please use membership application form

Please complete and return **all** pages to office by **7/15/19**; and make your **first payment by 7/26/19** in order schedule 12 monthly payments and receive Membership services (High Holy Days, Religious School, etc.)

	Last Name, First Name	write changes <u>only</u> to address, phone, E-mail since last year
Member 1: Adult Primary Contact		
Member 2: Adult		

New-to-family Children and/or New Religious School Students.

First Name, Last name (if different from parents(s) <i>only list new students and/or new children in family but submit information forms for each child in school.</i>	birth date	m/f/o	Enroll in Rel. School?	Religious School Grade for Sept 2019 (usually same as school grade)
			Y N	
			Y N	

Temple E-Mail Lists: in addition to our congregation-wide notices and weekly E-mails, if you would like to receive occasional E-mails regarding Temple events suited to your family's interests, check below to the left all which apply.

Children and Family: Child Care, Welcoming Shabbat and other Family Events
Social: Men's Club, Sisterhood, Adult Events and other Social Events
Spiritual: Ritual, Choir, Welcoming Shabbat
Giving Groups: Social Action, CAREing, Chesed, Oneg
Buildings and Grounds: Security, Landscaping, Beautification, Long Range Planning, Maintenance
TBA Committees: Board, Membership, Fundraising, Computer, Library and all other committees not listed above

High Holy Day Tickets for Relatives: Members and their dependent children will automatically be mailed "free" tickets by 9.19.19. Fill out for tickets for relatives such as parents, siblings, children ages 26+, aunts, uncles or cousins. You can also order tickets separately up till 9.15.19.

# of RELATIVES	List all FIRST and LAST names to be listed on a single ticket on one line
Total Due:	# of relatives X \$25 =Total Due. Enter this on Line H under "TOTALS" on page 2.

New Yahrzeit Information – please **only enter if we aren't already reading names and/or sending candles**

Name of deceased and relationship to member (i.e. first name, last name – mother of Joe)	English date (mm/dd/yyyy) and/or Jewish date to remember	Use Jewish Date?	Publish and read name?	Send Candles?
		Y N	Y N	Y N
		Y N	Y N	Y N
		Y N	Y N	Y N
<i>Please only list names above that we don't already have. If you are receiving candles and/or if names are being read- please do not list them here. New names only!</i>	<i>We need complete date to list: mm/dd/yyyy or xx Jewish month/year</i>			

Book of Remembrance: This booklet with the names of beloved ones who are no longer with us is distributed at our Yom Kippur Yizkor Service so that we may honor their memory. (Yahrzeit information on your account used to provide names to be read at Shabbat services is **not used** to produce this booklet– names must be listed by you below.)

If no boxes below are checked, no listing will be made. You can also request listings separately up till 9.15.19.

No listing List new name(s) below and/or from 2018 **Book**

Although not essential for names to be listed, a donation in memory of loved ones is *customary and appreciated!* If you would like to make a donation, please enter here \$ _____ .00 and on line F under "TOTALS" on page 2.

First Name of loved one	Last Name of loved one	First Name of loved one	Last Name of loved one
1.		4.	
2.		5.	
3.		6.	

List names above to be listed that were **not** listed in last year's book. We only need first and last names.

enter name here

Membership Categories - circle one and enter annual dues amount on line A below:

Family: \$2525	Single Parent Family: \$2190	Single: \$1636	Senior Family: \$1766	Sr. Single: S \$967	Young Family \$378
2 or more related family members	Single parent with children in religious school	Single adult with no children in r.s.	2 or more related family members with one 62+	Single adult 62+	Family with oldest child in K or younger.

*any rebates for referring new members will be applied by 11/30/19. . Remind new members to enter your name on their application.

Religious School Fees: Note that the fees entered initially do not include the \$400 rebate for each additional child enrolled. This rebate will be subtracted at the bottom of this section on line 2 below.

Description	Fee	# children				
Kindergarten (do not enter if Young Family – no extra charge)	\$275 x		\$			
Grades 1 through 7	\$1200 x		\$			
Chai School A (Pre-Confirmation: grades 8-9.	\$800 x		\$			
Chai School B Post-Confirmation: grades 10-12.	\$475 x		\$			
1. subtotal # children and Religious School Fees before rebates applied			\$			
2. REBATE subtotal 1 on line 1 above (1 child enrolled is \$0), 2 children \$400, 3 children \$800, etc. Enter to right and subtract from subtotal.	rebate \$-	Subtract	-			
3. Total Religious School Fees: enter on line D below			\$			

TOTALS

A: Dues	\$					
B: Chai Fund - \$180 minimum special assessment due this year from all member families	\$			1	8	0
C: Chai Fund additional donation which will be matched 100% by our angel donor – thank you!	\$					
D: Religious School Fees (also submit r.s. information forms for each child)	\$					
E: Grades 7-12 Pizza: for pizza for class. You may send dinner instead or enter \$125 for each 7-12 grader.	\$					
F: B’nei Mitzvah 1/1/20-12/31/20 enter \$690 amt due this year (\$780 was paid last year)	\$					
G: B’nei Mitzvah 1/1/21-12/31/21: enter \$775 amt due this year	\$					
H: High Holy Day Tickets for Relatives: enter total due from worksheet on page 1 (\$25 per relative)	\$					
I: Book of Remembrance Donation	\$					
J: Brotherhood Membership - enter \$36 here to join	\$					
K: Sisterhood Membership - enter \$36 here to join	\$					
L: Total Due - add lines A through K	\$					

DUES RELIEF REQUEST

1. Have all dues and fees from previous fiscal year (7/1/18 to 6/30/19) been paid in full? yes no
2. If not, how much is still outstanding?
3. What is your plan to repay this amount?
4. Briefly describe requested assistance – for example “Deferred Payment till _____”, “Reduction of Fees”
5. Briefly describe the financial or other circumstances giving rise to this request:

Applicant(s) acknowledge and confirm the following:

1. It is the responsibility of each member to pay toward the annual cost of operations of Temple Beth Am.
2. This application for Dues Relief is consistent with the attached Temple Beth Am Dues Relief Guidelines
3. I/we authorize Temple Beth Am, to make confidential inquiries as it deems appropriate to validate this application.
4. I/we understand that the decision as to whether and to what extent to provide Dues Relief is solely in the discretion of Temple Beth Am.

Applicant Name(s)	Signature(s)	Date
_____	_____	_____
_____	_____	_____

By signing below, I agree to pay all applicable dues and fees and to allow Temple Beth Am to use anonymous (unlabeled) photographs of myself and/or my family for use in publicity, publications and/or website unless I have notified the Temple in writing otherwise.

➔Signature:

Date:

Temple Beth Am Religious School Student Information 2019-20 due 7/15/19

New members please send in as early as possible!

One signed form for each child in grades K-12 required by 7/15/19 along with the entire Membership packet (Temple membership forms must be sent in at same time for school info to be processed).

We do not need any forms from your pediatrician - please do not send!

Student's LAST Name	Student's First Name	Date of Birth	M/F/O	Grade 9/19	School District

Emergency Contact/Permission to Pick up In the event of an emergency, we will try first to contact parent(s), so please do *not* enter your own name(s). If one parent is not a member, list their contact information below if appropriate. If you have more than one child, contact names must be the same for each child in the family. If already listed on first child's form check here and skip the first two lines below.

<i>list someone other than yourselves</i>	name	phone(s)	relationship
emergency/pickup contact for family			
additional emergency/pickup contact			

current allergies (list here)

allergy severity – check all that apply. You **must** bring in any checked medications along with administration instructions by the first day of school.

() mild (no medication provided to school)

() not severe: may need Benadryl or _____. Medication and instructions provided to school

() severe – epipen/auvi-q and instructions provided to school.

() my child may not eat or drink anything other than food sent by us or water and _____ juice(s)

() my child knows what s/he may eat or drink and may eat food provided by school

current medications:

If your child has any physical, medical, learning, social or behavioral needs that we should be aware of, please enter them here. It is helpful for us to know what strategies work for behavior and learning in a classroom setting. We appreciate this information and will keep it confidential. If your child has an IEP or 504 Plan at school, please consider sharing it with us so that we can meet their needs. Attach separate sheet if needed.

Would you like us to contact you to arrange a confidential meeting to discuss any areas of concern prior to the start of the religious school year? yes no best contact # or email:

We will try to place your child with **up to two** friends, since we believe that being with friends allows children to experience meaningful Jewish community. We cannot guarantee that large groups can be kept together. All Religious School and Membership forms **must be received by 7/15/19** in order for placement requests to be considered. Please enter *no more than two* names of children to try to place with your child.

first and last name of child 1: _____ first and last name of child 2: _____

In an emergency, the Religious School has my permission to contact “911” and request the assistance of a rescue squad. The Religious School and the rescue squad have my permission to take my child to the emergency room of the nearest hospital. The rescue squad, hospital and its staff have my authorization to provide treatment necessary for the well-being of my child .

Temple Beth Am may photograph my child for anonymous (unlabeled) use in publicity, publications and/or website unless I have notified the Temple otherwise.

My child and I have read and discussed the Code of Conduct (on our website) and agree to abide by its terms.

Signature of Parent _____ **Date** _____

mail one form for **each** child in school together with the entire Membership packet to Temple office by 7/15/19

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