

Temple Menorah is an inclusive community and we offer a variety of membership options for our community. Please review our dues and fee structures below. If you any questions or concerns, please contact either Toby Berkow or Mickey Seigel in the Temple office at 310-316-8444.

<b>FAMILY NAME:</b>			
<b>HOME ADDRESS:</b>			
<b>CITY/STATE/ZIP:</b>			
<b>HOME PHONE:</b>		<b>EMAIL:</b>	

### MEMBERSHIP CATEGORIES

Category	<u>Married</u> 35+	<u>Married</u> <35	<u>Senior Couple</u> 65+	<u>Senior Single</u> 65+	<u>Single</u> 35+	<u>Single</u> <35	<u>Associate</u>	<u>Student</u>
<b>Dues</b>	\$2,875	\$1,265	\$1,840	\$920	\$1,765	\$575	\$1000	\$200

### ANNUAL COMMITMENT

BILLING ITEM				AMOUNT DUE
<b>Membership Category:</b>				
<b>Building Maintenance Fund</b> (\$50 Per Adult Member. Due In July Each Year)				
<b>Membership Pledge Sub-Total</b>				
<b>Religious School</b> (Please Complete The Registration Form And <b>Submit It By August 1.</b> )				
<b>Grade</b>	<b>Tuition</b>	<b># Of Students</b>	<b>Student Name/Grade In 9/2014</b>	
K – 2	\$700			
3 <sup>rd</sup> – 7 <sup>th</sup>	\$970			
8 <sup>th</sup> – 10 <sup>th</sup>	\$430			
11 <sup>th</sup> – 12 <sup>th</sup>	\$195			
<b>Sub-Total Tuition Before Discounts</b>				
Family Discount (10% Off Of Total Tuition When It Exceeds \$1,600 Per Family)				< >
<b>Total Tuition</b>				
<b>Religious School Fees</b>				
Religious School Books/Materials/Activity Fee At \$145 Per Student. (Due Prior To School Start)				
Bar Mitzvah Fee At \$995 Per Student (Due 3 Months Prior To Event)				
Confirmation Fee (10 <sup>th</sup> Grade) At \$600 Per Student (Due 3 Months Prior To Event)				
Madrachim Fee (8 <sup>th</sup> – 12 <sup>th</sup> Grades) At \$110 Per Student (Due Upon Registration)				
<b>Total Religious School (Tuition Plus Fees)</b>				
<b>(ARZA) Association of Reform Zionists of America</b> – \$36 per Family (optional but encouraged) <small>ARZA provides active and meaningful support to the Reform Judaism movement in Israel, the former Soviet Union and around the world.</small>				
<b>BALANCE DUE (Total of All Lines)</b>				

(Continued on Reverse)

PAYMENT OPTIONS

- ☐ I am/We are paying the balance due in full. (If paying by credit card, please fill out the Electronic Authorization form.)
- ☐ I am/We are paying 25% of the balance due and want to pay for the remainder monthly electronically (10 payments August-May). Attached is my Automatic Payment Authorization Form.
- ☐ I am/We are paying 25% of the balance due. Please bill me monthly for 10 monthly equal monthly payments.
- ☐ I am/We are requesting special financial consideration. Please pay 25% of what you believe you can pay annually. Attached is my Financial Assistance Application.

Monthly payments are due by the 1<sup>st</sup> of each month. Temple Menorah reserves the right to adjust all dues and fees. **Dues are based on a fiscal year July 1 – June 30. They are not subject to proration unless membership begins after December 31, 2014.**

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

**IMPORTANT:** If you pay your dues in full by July 15, 2014, we will credit your account **5% OF YOUR MEMBERSHIP DUES** for future Temple Menorah events.

**THANK YOU FOR SUPPORTING YOUR JEWISH COMMUNITY**

<b>JOINT NAME:</b>			
<b>HOME ADDRESS:</b>			
<b>CITY/STATE/ZIP:</b>			
<b>HOME PHONE:</b>		<b>ANNIVERSARY:</b> (MM/DD/YYYY)	

	<b>ADULT #1</b>	<b>ADULT #2</b>
<b>Name:</b>		
<b>Religious Background:</b>		
<b>Comments:</b>		
<b>Cell Phone:</b>		
<b>Email:</b>		
<b>Occupation:</b>		
<b>Field/Specialty:</b>		
<b>Employer:</b>		
<b>Work Address:</b>		
<b>Work Phone:</b>		
<b>Work Email:</b>		
<b>Marital Status:</b>		

<b>Children's Name</b>	<b>DOB</b> (MM/DD/YYYY)	<b>Age</b>	<b>RS Grade as of</b> <b>September 2015</b>

(Continued on Reverse)



## Yahrzeit Information

It is our custom to memorialize the names of those who have died and for whom you wish Yahrzeit recited at the Shabbat evening and morning services closest to the anniversary according to the Hebrew calendar or the secular calendar. Kaddish should be said for immediate family - parents, spouse, children, siblings and, sometimes, grandparents.

As a service to our members, we notify you approximately one month prior to the reciting of Yahrzeit at services. Please fill in the requested information to ensure that our records are complete and accurate and return this form to the Temple office.

**Adult #1 Name:** \_\_\_\_\_ I prefer: ☐ Hebrew Date ☐ Secular Date

NAME OF DECEASED	HEBREW DATE OF DEATH	SECULAR DATE OF DEATH	RELATIONSHIP

**Adult #2 Name:** \_\_\_\_\_ I prefer: ☐ Hebrew Date ☐ Secular Date

NAME OF DECEASED	HEBREW DATE OF DEATH	SECULAR DATE OF DEATH	RELATIONSHIP

<b>Signature:</b>		<b>Date:</b>	
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## ELECTRONIC PAYMENT AUTHORIZATION FORM

### JEWISH YEAR 5775

#### 1. MEMBER INFORMATION

Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

#### 2. AUTOMATIC PAYMENT OPTIONS *(select one)*

Credit Card\*: ☐ VISA/MasterCard/American Express      Bank Charge: ☐ Checking Acct.

*\*I understand that a 3% handling fee will be added to all credit card charges.*

#### 3. DATE OF WITHDRAWAL *(select one)*

☐ **ONE TIME CHARGE OPTION:** I authorize Temple Menorah to charge my credit card once in the amount of \$ \_\_\_\_\_ .

☐ **MONTHLY PAYMENT OPTION:** Please charge my credit card or debit my checking account in the amount of our monthly pledge for all Temple/Tuvia charges. I understand that this authorization is valid until all fees are paid in full or until revoked in writing.

Unless otherwise noted, please withdraw all fees "Now Due" on the monthly statement from my account.

Please charge/debit my account monthly on the: *(select one)*

☐ 1st      ☐ 15th (Not available for Tuvia Charges)

#### 4. CREDIT CARD AUTHORIZATION

Card Type:      ☐ VISA   ☐ MC   ☐ AmEx  
Name on Card: \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_

OR

#### 4. BANK ACH DEBIT AUTHORIZATION *(Please attach a voided check to this form)*

Bank Name: \_\_\_\_\_  
Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_

5. Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Financial Assistance Application 2014-2015 / 5775

To apply for reduced Temple membership dues for 5775 (2014-2015), please complete and submit this form along with your 5775 Pledge Commitment Worksheet to Temple Menorah, 1101 Camino Real, Redondo Beach, CA 90277; Attention: Dues Evaluation Committee. Please write LEGIBLY. All submissions and data are confidential.

☐ I hereby apply for reduced Temple Menorah membership dues for 5775 (2014-2015).

1. My name is \_\_\_\_\_

The best times to phone me are \_\_\_\_\_ A.M. / P.M. or \_\_\_\_\_ A.M. / P.M.  
(circle one) (circle one)  
on ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Sunday

It's easiest to reach me at (\_\_\_\_\_) \_\_\_\_\_ or (\_\_\_\_\_) \_\_\_\_\_

2. My membership category is: (check one)

- ☐ Married; over the age of 35; (\$2875/year)
- ☐ Married; over the age of 35; child(ren) in Religious School (\$2875/year)
- ☐ Married; under the age of 35 (\$1265/year)
- ☐ Senior Couple; both partners are over the age of 65 and retired (\$1840/year)
- ☐ Senior Single; over the age of 65 and retired (\$920/year)
- ☐ Single; over the age of 35 (\$1765/year)
- ☐ Single; age 35 or younger (\$575/year)
- ☐ Associate: not living in the area or is a primary member of another Temple (\$1000/year)
- ☐ Student (\$200/year)

3. My Temple membership dues amount for 5774 (2013-2014) was \$\_\_\_\_\_ for the year.

4. I am requesting that my Temple membership dues for 5775 (2014-2015) be set at \$\_\_\_\_\_ for the year. **Please Note:** That there is an additional Building Maintenance Fee of \$50 per adult member. We do not offer assistance to cover this fee.

5. I am asking for reduced Temple membership dues because: (check all applicable reasons)

- ☐ I lost my job, and/or my spouse lost his/her job.
- ☐ My income recently dropped or has been down because of an illness or injury.
- ☐ I recently experienced a major financial setback (e.g., loss of my home, fire, theft).
- ☐ I am on a fixed income or have a very low income.
- ☐ I have extraordinary expenses that exceed my income (Please explain below).
- ☐ Other (Please explain here or on the back.)

6. On my 2013 federal income tax Form 1040, my Adjusted Gross Income (on line 38) is \$\_\_\_\_\_.  
**Please estimate if on extension.**

I declare that the foregoing is true and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Office Only:**

Received: \_\_\_\_\_

Processed: \_\_\_\_\_

Confidentiality Code: \_\_\_\_\_

[illegible]

**For Office Only:**

Received: \_\_\_\_\_

Processed: \_\_\_\_\_

Confidentiality Code: \_\_\_\_\_



<b>Student 1</b>			
<b>Last Name:</b>		<b>First Name:</b>	
<b>Hebrew Name:</b>			
<b>Boy/Girl:</b>		<b>DOB:</b>	
<b>RS Grade:</b>		<input type="checkbox"/> New Student <input type="checkbox"/> Continuing Student	
<b>Name/Grade of Secular School:</b>			
<b>Student Email Address:</b>			

<b>Student 2</b>			
<b>Last Name:</b>		<b>First Name:</b>	
<b>Hebrew Name:</b>			
<b>Boy/Girl:</b>		<b>DOB:</b>	
<b>RS Grade:</b>		<input type="checkbox"/> New Student <input type="checkbox"/> Continuing Student	
<b>Name/Grade of Secular School:</b>			
<b>Student Email Address:</b>			

<b>Student 3</b>			
<b>Last Name:</b>		<b>First Name:</b>	
<b>Hebrew Name:</b>			
<b>Boy/Girl:</b>		<b>DOB:</b>	
<b>RS Grade:</b>		<input type="checkbox"/> New Student <input type="checkbox"/> Continuing Student	
<b>Name/Grade of Secular School:</b>			
<b>Student Email Address:</b>			

**FAMILY INFORMATION**

	Parent/Guardian #1	Parent/Guardian #2
<b>Name:</b>		
<b>Religious Background:</b>		
<b>Comments:</b>		
<b>Address:</b>		
<b>City/State/Zip:</b>		
<b>Primary Phone:</b>		
<b>Cell Phone:</b>		
<b>Email:</b>		
<b>Occupation:</b>		
<b>Work Phone:</b>		
<b>Marital Status:</b>		
<b>Spouse/Partner's Name:</b>		

- Does the student reside with both parents? \_\_\_\_\_ If not, whom does the child reside with and when?  
\_\_\_\_\_
- We will send mailings to both parties unless otherwise instructed and initials by both parties.
  - Send only to: \_\_\_\_\_ Initial: \_\_\_\_\_ / \_\_\_\_\_
- We will distribute class lists to all families. May we include our name address and phone number as listed above? ☐ YES ☐ NO If not, how may we list you and your child? \_\_\_\_\_
- Comments about your child's religious school experience: \_\_\_\_\_  
\_\_\_\_\_



**EMERGENCY MEDICAL AND FIELD TRIP PERMISSIONS**

<b>STUDENT 1</b>		<b>Grade 2014-2015</b>	
<b>STUDENT 2</b>		<b>Grade 2014-2015</b>	
<b>STUDENT 3</b>		<b>Grade 2014-2015</b>	

I hereby authorize Temple Menorah Religious School or its authorized representatives, as agent(s) for the undersigned to consent to any medical diagnosis or treatment rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the California Medical Practice Act, as is necessary for the benefit of my child/children.

The authorization is given in advance of any specific diagnosis or treatment, and is given to provide authority and power on the part of the aforementioned agent(s) to give specific consent to any such diagnosis and/or treatment which the aforementioned physician and/or surgeon in the exercise of his/her judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until the end of the current school year.

**PLEASE CHECK ONE**

- ☐ I hereby grant permission for my child/children, to participate in all activities and to go on all field trips arranged by Temple Menorah Religious School staff. Any field trip requiring transportation must be separately authorized.
- ☐ I hereby **DO NOT** grant permission for my child/children, to participate in all activities and to go on all field trips arranged by Temple Menorah Religious School staff. I understand that my refusal to consent to the foregoing will cause Temple Menorah Religious School to disallow the aforementioned student to go to the park or on class trips.

Temple Menorah may use my child's photograph or electronic likeness in promotional materials. **Initial** \_\_\_\_\_

Signature of Parent/Guardian		Date	
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**LEARNING/MEDICAL INFORMATION**

<b>DOCTOR'S NAME:</b>		<b>DOCTOR'S PHONE:</b>	
<b>DENTIST'S NAME:</b>		<b>DENTIST'S PHONE:</b>	

<b>STUDENT 1</b>		<b>Daily Medications:</b>		<b>Last Tetanus Shot:</b>	
<b>STUDENT 2</b>		<b>Daily Medications:</b>		<b>Last Tetanus Shot:</b>	
<b>STUDENT 3</b>		<b>Daily Medications:</b>		<b>Last Tetanus Shot:</b>	

PLEASE LIST ANY ALLERGIES TO MEDICATION OR FOOD AND/OR ANY MEDICAL, PHYSICAL OR LEARNING CONDITIONS **THAT MAY AFFECT** YOUR STUDENT'S PERFORMANCE OR BEHAVIOR IN CLASS. INFORMATION IS CONFIDENTIAL.

<b>STUDENT 1</b>	
<b>STUDENT 2</b>	
<b>STUDENT 3</b>	

IN CASE OF AN EMERGENCY AND YOU ARE UNABLE TO REACH ME, YOU ARE AUTHORIZED TO RELEASE MY CHILD/CHILDREN TO THE FOLLOWING PERSONS:

<b>NAME OF ADULT</b>	<b>RELATIONSHIP TO STUDENT(S)</b>	<b>PHONE NUMBER</b>

# SISTERHOOD



## Annual Membership 2014/2015

*Sisterhood extends you a warm welcome and invites you  
To join our vibrant community of women this year.*

*Please complete the information below and return this form  
with your payment to Sisterhood of Temple Menorah*

- ☐ New Temple Member - First year complimentary membership
- ☐ \$40.00 Temple Member
- ☐ \$50.00 Non-Temple Menorah Member
- ☐ \$72.00 Mitzvah Supporter (includes membership dues)
- ☐ Complimentary to Temple Staff Members & Teachers

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ / \_\_\_\_\_ (day & evening)

Mailing Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

*Temple Menorah Sisterhood  
Attn: Membership  
1101 Camino Real • Redondo Beach, CA • 90277*

*If you have any questions, please contact Sisterhood Membership Chair  
Linda Feldman • [imalinda@aol.com](mailto:imalinda@aol.com)*

**For Office Use:**

Check #	\$	Date Rec'd:	Processed by:
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## **THIS IS THE TIME TO JOIN!**

*Dear Friends,*

*Welcome to Temple Menorah Sisterhood. We invite you to give yourself the Gift of Sisterhood this new year by joining our caring, vital community of sisters today. Together we bring to our congregation a sense of belonging and dedication to the Jewish faith. We provide spiritual, social, cultural and intellectual enrichment for women of all ages through education, community action and service. We share Jewish traditions, family values and friendships. Under the guidance of our President and creative Programming Chairs we will have fun, deepen our relationships and strengthen our Temple community.*

*We fulfill our mission of supporting our congregation and bringing members closer by:*

- Providing a variety of programs that allow us to socialize, learn and grow together*
- Sponsoring O'neg Shabbats throughout the year*
- Assisting with Holidays - Rosh Hashanah, Yom Kippur, Chanukah, Purim & Pesach*
- Serving as a support system for our Schools, Youth Groups & Cultural Center*
- Operating the Judaica Shop*
- Sharing our resources to improve Temple Menorah's facilities and programs*
- Addressing the needs of our congregants in the celebration of life cycle events, reaching out to the sick and assisting our members in mourning*

*Annual membership dues are \$40 for Temple Members . or you can show your commitment to Sisterhood by becoming a Mitzvah Supporter for \$72, which covers your annual dues and provides additional support for our programs and goals. Annual dues for Non-Temple Members are \$50. Please complete the enclosed Membership form today, and send it along with your check payable to Temple Menorah Sisterhood.*

*We look forward to seeing you at our special events and programs planned for the upcoming year. Our Membership Celebration Luncheon will be on Sunday, October 21<sup>st</sup> and is complimentary to all Sisterhood members. We thank you very much and value your support and commitment to our community. 5775 promises to be another great year of Sisterhood. We are the heart of the Temple!*

*Linda Feldman at imalinda@aol.com*

*Sisterhood Membership Vice-Presidents*



# Support Temple Menorah's



Dear Temple Menorah Family,

We have an opportunity to raise significant funds for the synagogue to ensure the survivability of this institution for years to come without **ANY** extra work or dollars from you.

The **eScrip** program will help us raise additional income. You shop, and the stores/markets send a percentage of their profits directly to Temple Menorah. Become a part of the **eScrip** program and approximately 1% – 4% of your total bill is automatically donated to the temple. Imagine, if everyone spent an average of \$100 per week at any of the many participating markets and/or businesses...Temple Menorah would see revenue of nearly **\$50,000 annually!!!** Join the program!

**Our goal is to have 100% participation by August 1, 2014.**

Please help us reach this goal by signing up *now*  
...and **please enroll your friends and family too!**

Please call Megan Cotugno at (310) 540-4517 with any questions about the eScrip programs.

**\*You can still add Temple Menorah EVEN when signed up with another organization/school.**

Name \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

\*Vons card # \_\_\_\_\_ Call for your card number: 1-877-723-3929

\*Ralphs card # \_\_\_\_\_ Call for your card number: 1-800-660-9003

**Credit/Debit cards:** Use cards registered with eScrip, so businesses will automatically donate ~1-4% of money you've spent!

Target card # \_\_\_\_\_

Card # \_\_\_\_\_

Card type: ☐ Visa ☐ M/C ☐ Am/Ex ☐ Discover ☐ Debit

Card # \_\_\_\_\_

Card type: ☐ Visa ☐ M/C ☐ Am/Ex ☐ Discover ☐ Debit

Card # \_\_\_\_\_

Card type: ☐ Visa ☐ M/C ☐ Am/Ex ☐ Discover ☐ Debit

**ALL INFORMATION IS STRICTLY CONFIDENTIAL  
AND WILL BE SHREDDED AFTER PROCESSING!**