**Head of Household Contact Info**

|  |  |
| --- | --- |
| First Name | Last Name |
| Street Address | |
| City, State | Zip |
| Home Number | |
| Cell Number | |
| Email Address | |

**Partner Contact Info**

|  |  |
| --- | --- |
| First Name | Last Name |
| Street Address | |
| City, State | Zip |
| Home Number | |
| Cell Number | |
| Email Address | |

**MEMBERSHIP RATES**

Your membership includes religious services (Shabbats, Oneg, High Holidays, special events), life-cycle events, access to clergy, access to Jewish Adventure School (JAS), discounts for facility use and supporting Jewish community at TBD and across the San Gabriel Valley.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MEMBERSHIP TYPE** | **DESCRIPTION** | **MONTHLY +** | **YEARLY +** | **BUILDING FUND**  **(PER YEAR)** | **SECURITY FUND**  **(PER YEAR)** |
| **Young** | Ages 18-26 | $50 | $600 | $60 | $60 |
| **Individual** | Ages 26-64 | $75 | $960 | $60 | $60 |
| **Couple** | Two adults - same household | $145 | $1,740 | $120 | $120 |
| **Family I \*** | One adult and children under 22 | $160 | $1,920 | $120 | $120 |
| **Family II \*\*** | Two adults and children under 22 | $220 | $2,640 | $180 | $180 |
| **Senior** | Ages 65 + | $60 | $720 | $60 | $60 |
| **Senior Couple** | Ages 65 + | $100 | $1,200 | $60 | $60 |

+ New member registration fee = $150

\* Single Parent

\*\* Two Parents

Please note: the annual building fund fee covers repairs and maintenance of the Temple and associated facility grounds. The annual security fund fee makes sure that all congregants and guests at the Temple are participating in the safe and welcoming environment.

**ADDITIONAL MEMBERSHIP OPPORTUNITIES**

**WILDERNESS MEMBERS**

Associated members are members of another community and want to be an affiliate member of TBD. Remote members are those who do not live in San Gabriel Valley but enjoy online membership and supporting the TBD Community.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MEMBERSHIP TYPE** | **DESCRIPTION** | **MONTHLY +** | **YEARLY +** | **BUILDING FUND**  **(PER YEAR)** | **SECURITY FUND**  **(PER YEAR)** |
| **Associate** | Individual | $50 | $600 | $60 | $60 |
| **Associates** | Family | $90 | $1,080 | $100 | $100 |
| **Remote** | Any | $75 | $960 | $60 | $60 |

+ New member registration fee = $150

**SHARE THE GIFT OF TBD MEMBERSHIP**

Sustaining Membership is an Annual Membership that gives you all the benefits of joining TBD, as well as the opportunity to provide the gift of TBD membership to those in our community that are unable to cover the full cost of their membership. *Your donation is tax-deductible*.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LEVEL** | **SILVER**  **+$500** | **GOLD**  **+$1,000** | **PLATINUM**  **+$2,000** | **DIAMOND**  **+$3,500** |
| **Individual** | $1,460 | $1,960 | $2,960 | $4,460 |
| **Senior Couple** | $1,700 | $2,200 | $3,200 | $4,700 |
| **Family** | $3,020 | $3,520 | $4,520 | $6,020 |

# Confidential Dues Pledge Form

**Member Full Name(s)**

We are asking each member to complete this pledge form. This helps the Temple to budget and plan for the year. Please fill out each box, check the payment plan that best suits your needs, write your pledge total, sign at the bottom, and **return this form by December 31, 2025.** You may opt to pay in one lump sum, monthly or quarterly.

**2026 Dues Pledge includes Membership + Building & Security fund – please check all that apply:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Check  Selection | Membership Type | *Monthly* Breakdown | | *Yearly* Breakdown | | *Yearly* Building & Security Fund Total | | Dues Total | |
|  | **Young** | $50 | | $600 | | $120 | | $720 | |
|  | **Individual** | $75 | | $960 | | $120 | | $1,080 | |
|  | **Couple** | $145 | | $1,740 | | $240 | | $1,980 | |
|  | **Family I** | $160 | | $1,920 | | $240 | | $2,160 | |
|  | **Family II** | $220 | | $2,640 | | $360 | | $3,000 | |
|  | **Senior** | $60 | | $720 | | $120 | | $840 | |
|  | **Senior Couple** | $100 | | $1,200 | | $120 | | $1,320 | |
|  | **Associate Individual** | $50 | | $600 | | $120 | | $720 | |
|  | **Associate**  **Family** | $90 | | $1,080 | | $200 | | $1,280 | |
|  | **Remote** | $75 | | $960 | | $120 | | $1,080 | |
|  |  |  | |  | |  | |  | |
|  | **Sustaining Member** | SILVER  +$500 | GOLD  +$1,000 | | PLATINUM  +$2,000 | | DIAMOND  +$3,500 |  | |
|  | **Additional Voluntary Contribution** | | | | | | | $ | |
| **Total Dues** | | | | | | | | | **$** | |

It is the policy of Temple Beth David to never allow finances to be a barrier to membership. We believe in creating a sacred community by opening our doors to all, and by being there for everyone, especially in their times of need. Dues adjustments are available for anyone who needs them and will be considered on a case-by-case basis. To apply for reduced dues please complete the Dues Relief Form attached.

**I choose the following payment plan for 2026 dues –** please check one

* One payment. I will pay my dues in one payment. **Amount: $ \_\_\_\_\_\_\_**
* Quarterly Payments. I will pay my dues in four equal quarterly payments: January, April, July, and

September. **Amount: $**

* Monthly Payments. I will pay my dues in TEN (10) equal monthly payments. **Amount: $ \_\_\_\_\_\_\_**

**TOTAL 2026 PLEDGE $**

***Signed***: Date**:**

If you would prefer to pay by credit card, please fill out the enclosed credit card payment form.

# Credit Card Payment Form

## Return this form only if you wish to pay dues by credit card.

If you would prefer to use your Visa or MasterCard to pay your Membership Dues, please fill out the information below.

Member Name(s) Cardholder’s Name, if different Credit Card Billing Address City, State, Zip Phone # Email Address Credit Card # Card Expiration Date CVV # □Visa □MasterCard

# Please select one payment option:

### ONE PAYMENT

I authorize Temple Beth David to charge $ *one time only* to the above credit card.

### MONTHLY PAYMENTS

I authorize Temple Beth David to charge $ *each month (for ten months)* to the above credit card.

### QUARTERLY PAYMENTS

I authorize Temple Beth David to charge $ *four times – January, April, July, and October* to the above credit card.

Signature Date

*For office use only*

|  |  |  |
| --- | --- | --- |
| **January 2026** | **May 2026** | **September 2026** |
| **February 2026** | **June 2026** | **October 2026** |
| **March 2026** | **July 2026** | **November 2026** |
| **April 2026** | **August 2026** | **December 2026** |

*Return this form only if requesting a reduction in dues.*

# Confidential Dues Adjustment Form – 2026

#### Member Name(s)

**It is the policy of Temple Beth David to never allow finances to be a barrier to membership.** We believe in creating a sacred community by opening our doors to all, and by being there for everyone, especially in their times of need. **Dues adjustments are available for anyone who needs them and will be considered on a case-by-case basis.**

The Temple recognizes that life has its ups and downs, and that members sometimes are not able to contribute the full dues amount. Every membership pledge of any size for 2026 will be appreciated. By contributing in any way, congregants help sustain Temple Beth David – after all, without the support of our members, our community could not exist!

**2026** Dues pledge $ per: □ month □ quarter □ year (please check one) Does this amount include religious school? □ yes □ no

*Even a small increase in dues over last year’s pledge will help us to meet our increased obligations.*

Reason for dues reduction request:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This information will be kept strictly confidential and will be reviewed by the Finance Committee.

If you have questions about adjusting dues, please mail or email this form to the temple office: [OFFICE@TEMPLEBD.COM](mailto:OFFICE@TEMPLEBD.COM) and it will be forwarded to the finance committee.

Thank you for your support and understanding.

#### TEMPLE BETH DAVID FAMILY LIFECYCLE RECORD

**(For New Members and Additions to existing records)**

|  |  |  |
| --- | --- | --- |
| **Family Membership Name** |  | **Today’s Date** |
|  | **Adult #1** | **Adult #2** |
| **Title you prefer:** |  |  |
| **First Name:** |  |  |
| **Last Name:** |  |  |
| Name by which you are Called to the Torah: |  |  |
| (Use English lettering) |  |  |

(Hebrew format would be ben or bat v )

**Date of Birth**  / / / /

Wedding Anniversary / /

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Children** |  | | | | | | |
| Name | Jewish Name |  | Gender |  | Date of Birth | / | / |
| Name | Jewish Name |  | Gender |  | Date of Birth | / | / |
| Name | Jewish Name |  | Gender |  | Date of Birth | / | / |
| Name | Jewish Name |  | Gender |  | Date of Birth | / | / |
| Name | Jewish Name |  | Gender |  | Date of Birth | / | / |

Name Jewish Name Gender Date of Birth / /

PLEASE ALSO COMPLETE THE NEXT PAGE

# Yahrzeit Information

#### (For New Members and Additions to existing records)

Please indicate your preference to observe by English **(E)** or Jewish **(J)** date.

**Name of Deceased Relation E/J English Date of Death Before or After Sundown**

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