

APPLICATION FORM



DATE _____

Please print clearly. Thank you.

Name Title *(Mr., Mrs., Dr., etc)* _____ Last _____ First _____
 Middle _____ Maiden _____ Nickname _____

Hebrew Name *(ex: Yitzhak ben David v'Sara)* _____ Kohen Levi
 (Hebrew name format: Name + ben/bat + father's name + mother's name)

Home Address _____ City _____ ST _____ Zip _____

E-mail _____

Contact Phone _____ Alternate Phone _____ Fax _____

How would you like your correspondence from Beth Am addressed? *(ex: Mr. & Mrs. Abe Levi; Dr. & Mrs.; Miss; Elaine & Bob Cohen)*

(Keep to 30 spaces)

Birth Date _____ Marital Status S M D W Wedding Anniversary *M/D/Y* _____

Growing up, my family was Orthodox Conservative Reform Reconstructionist No Affiliation Not Jewish

Religious Education Jewish Day School Yes No Years of Synagogue Religious School _____

Do you read Torah? Yes No Do you read Haftarah? Yes No

Occupation _____

Employer _____ Job Title _____

Business Address _____

City _____ State _____ Zip+4 _____

Phone _____ Fax _____ Email _____

May we publish the following in our Directory? Home Address Yes No Email Address Yes No

Do you want to receive weekly emails with event updates? Yes No

Yahrzeit Notification

Remember by English _____ or Hebrew _____ Date of Passing

Name of Departed	Eng Date of Death Mth/Day/Year	Before/After Sunset	Heb Date of Death (if known)	Relationship to You

■ **ADULT NUMBER TWO**

Name Title (Mr., Mrs., Dr., etc) _____ Last _____ First _____

Middle _____ Maiden _____ Nickname _____

Hebrew Name (ex: Yitzhak ben David v'Sara) _____ Kohen Levi
 (Hebrew name format: Name +ben/bat + father's name + mother's name)

Home Address _____ City _____ ST _____ Zip _____

E-mail _____

Contact Phone _____ Alternate Phone _____ Fax _____

How would you like your correspondence from Beth Am addressed? (ex: Mr. & Mrs. Abe Levi; Dr. & Mrs.; Miss; Elaine & Bob Cohen)

(Keep to 30 spaces) _____

Birth Date _____ Marital Status S M D W Wedding Anniversary MD/Y _____

Growing up, my family was Orthodox Conservative Reform Reconstructionist No Affiliation Not Jewish

Religious Education Jewish Day School Yes No Years of Synagogue Religious School _____

Do you read Torah? Yes No Do you read Haftarah? Yes No

Occupation _____

Employer _____ Job Title _____

Business Address _____

City _____ State _____ Zip+4 _____

Phone _____ Fax _____ Email _____

May we publish the following in our Directory? Home Address Yes No Email Address Yes No

Do you want to receive weekly emails with event updates? Yes No

Yahrzeit Notification

Remember by English _____ or Hebrew _____ Date of Passing

Name of Departed	Eng Date of Death Mth/Day/Year	Before/After Sundown	Heb Date of Death (if known)	Relationship to You

Name of Child (First, Middle, Last)	Hebrew Name	F / M	Birth Date	School and Grade

For more information regarding classes and activities for children, please call the office.

May we publish the following in our directory? Child's Name Yes No Child's Birthdate Yes No

Beth Am Activities and Committees We depend upon our members for help and support. Get the most out of your membership through active participation. Please check the boxes below for activities and committees that interest you.

- | | | | |
|---|---|---|--|
| Adult #1 #2 | Adult #1 #2 | Adult #1 #2 | Adult #1 #2 |
| <input type="checkbox"/> <input type="checkbox"/> Active Adults (55 & up) | <input type="checkbox"/> <input type="checkbox"/> Congregant Care (C2C) | <input type="checkbox"/> <input type="checkbox"/> Fundraising | <input type="checkbox"/> <input type="checkbox"/> Religious Services |
| <input type="checkbox"/> <input type="checkbox"/> Adult Education | <input type="checkbox"/> <input type="checkbox"/> Event Planning | <input type="checkbox"/> <input type="checkbox"/> Kiddush Committee | <input type="checkbox"/> <input type="checkbox"/> Social Action |
| <input type="checkbox"/> <input type="checkbox"/> BAYITT (20 - 39) | <input type="checkbox"/> <input type="checkbox"/> Families w/ Children Six & up | <input type="checkbox"/> <input type="checkbox"/> Membership | <input type="checkbox"/> <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> <input type="checkbox"/> Chix (30 - 50) | <input type="checkbox"/> <input type="checkbox"/> Families w/ Children Five & Under | <input type="checkbox"/> <input type="checkbox"/> PR/Marketing | <input type="checkbox"/> <input type="checkbox"/> Young Adults |
| <input type="checkbox"/> <input type="checkbox"/> Choir | <input type="checkbox"/> <input type="checkbox"/> Finance | <input type="checkbox"/> <input type="checkbox"/> Purim Participation | <input type="checkbox"/> <input type="checkbox"/> Youth Education |

Special Skills you can put to good use to assist the congregation, such as carpentry, artistry, computer technology, vocal or instrumental music, etc. _____

Relatives who are members of Beth Am

Relative's Name _____ Relationship & To Whom _____
 Relative's Name _____ Relationship & To Whom _____
 Relative's Name _____ Relationship & To Whom _____

Previous Synagogue Affiliation

Name _____ Number of Years Affiliated _____
 Address _____ City _____ State _____ Zip _____

Select Dues Category by Age of Oldest Member *Effective for the 2012 Calendar Year – Subject to Change*

- | | | | |
|--|---|---|---|
| Household of 2 Adults | Household of 1 Adult (w/child) | Individual Membership | Legacy Membership |
| <input type="checkbox"/> 30 & Under \$795 | <input type="checkbox"/> 30 & Under \$620 | <input type="checkbox"/> 30 & Under \$465 | <input type="checkbox"/> Ages 23-29 \$430 |
| <input type="checkbox"/> Ages 31-35 \$1040 | <input type="checkbox"/> Ages 31-35 \$795 | <input type="checkbox"/> Ages 31-35 \$645 | |
| <input type="checkbox"/> Over 35 \$1,795 | <input type="checkbox"/> Over 35 \$1,340 | <input type="checkbox"/> Over 35 \$1040 | To Complete Payment for Annual Dues, please see page 4 |

Households are expected to purchase High Holyday Mahzors for all individuals occupying a seat for the holidays. (Please call for current pricing.)

Please make check payable to Beth Am.

Dues Amount Enclosed \$ _____

of Mahzors _____ x \$ _____ = \$ _____

Total Enclosed \$ _____

Additional Comments

Signature of applicant(s) required to complete Membership Form

Adult #1 _____ Date _____

Adult #2 _____ Date _____

For Office Use Only Date Received _____ Date Started _____

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