APPLICATION FORM

BETH AM
HOUSE OF THE PEOPLE
FEELS LIKE HOME

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 _____

Spouse/Partner's Name _____Phone_____Email _____

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

Name of Departed	Before/After Sundown		Hebrew Date of Death	Relationship to You
	□	□		
	□	□		
	□	□		
	□	□		
	□	□		
	□	□		

2501 Eutaw Place Baltimore, Maryland 21217 TEL 410-523-2446 FAX 410-523-1729
Nakia@bethambaltimore.org www.bethambaltimore.org

■ **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 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

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	
☐	☐ Active Adults (55 & up)	☐	☐ Congregant Care (C2C)	☐	☐ Fundraising	☐	☐ Religious Services
☐	☐ Adult Education	☐	☐ Event Planning	☐	☐ Kiddush Committee	☐	☐ Social Action
☐	☐ BAYITT (20 - 39)	☐	☐ Families w/ Children 6 & up	☐	☐ Membership	☐	☐ Strategic Planning
☐	☐ Chix (30 - 50)	☐	☐ Families w/ Children 5 & under	☐	☐ PR/Marketing	☐	☐ Young Adults
☐	☐ Choir	☐	☐ Finance	☐	☐ Purim Participation	☐	☐ 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 Category by Age of Oldest Member *Effective for the 2017 Calendar Year*

Household of 2 Adults	Household of 1 Adult (w/child)	Individual Membership	Legacy Membership
☐ 30 & Under $930	☐ 30 & Under $720	☐ 30 & Under $540	☐ Ages 23-29 $515
☐ Ages 31-35 $1,210	☐ Ages 31-35 $930	☐ Ages 31-35 $750	
☐ Over 35 $2,075	☐ Over 35 $1,560	☐ Over 35 $1,210	

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 _____

(P:Membership/MembershipPacket/Application&Dues/BethAm2016Application)

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