

MEMBERSHIP APPLICATION FORM

2501 Eutaw Place, Baltimore, MD 21217 | 410-523-2446 | frontoffice@bethambaltimore.org | www.bethambaltimore.org

Please scan and send your completed form to alex@bethambaltimore.org

ATF.	Please Print Clearly

	ADULT 1	ADULT 2
Formal Name		
Nickname		
Pronouns		
Birthdate (mm/dd/yyyy)		
Cell Phone	☐ OK to Use	☐ OK to Use
Email Address	☐ OK to Use	☐ OK to Use
Marital Status	☐ Single ☐ Married ☐ Partner ☐ Widowed ☐ Divorced ☐ Separated	☐ Single ☐ Married ☐ Partner ☐ Widowed ☐ Divorced ☐ Separated
Anniversary (mm/dd/yyyy)		
PRIMARY ADDRESS		
SECONDARY ADDRESS		
Occupation	D D/T D D/T D Detired D Not Employed	☐ F/T ☐ P/T ☐ Retired ☐ Not Employed
	☐ F/T ☐ P/T ☐ Retired ☐ Not Employed	□ F/1 □ P/1 □ Retired □ Not Employed
Employer Name		
Business Street Address		
Business City, State, Zip		
Business Phone	☐ OK to Use	☐ OK to Use
Business Email	☐ OK to Use	☐ OK to Use

Beth Am
HOUSE OF THE PEOPLE

		Adult 1			Adult 2	
First/Middle Hebrew Name						
Tribe	□ Cohen □ Levi □ Israel			□ Cohen □ Levi □ Israel		
Parent 1 Hebrew Name						
Parent 2 Hebrew Name						
Bar/Bat Mitzvah Date (mm/dd/yyyy)						
Bar/Bat Mitzvah Portion						
		Conservative 🗖 Reformonist 🗖 No Affiliation		☐ Orthodox ☐ Conservative ☐ Reform ☐ Reconstructionist ☐ No Affiliation		
Growing up, my family was	☐ Not Jewish			□ No	t Jewish	
Do you read Torah?	☐ Yes ☐ No			☐ Yes	S □ No	
Do you read Haftarah?	☐ Yes ☐ No			☐ Yes ☐ No		
Other Information						
Are you a member of any oth	er congregation	? 🛮 Yes 🗖 No 🛮 If y	es, where	?		
We are a DIY congregation –	do you have any	special skills you can	offer to h	elp sup	pport the Synagogue?	
What attracted you to Beth A	.m?					
YAHRZEIT NOTIFICATION						
		English Date of				
Name of Departed		Death (mm/dd/yyyy)	Before/ Sundo		Relationship to You	



DEPENDENT CHILDREN LIVING WITH YOU (include college age children) Are you interested in LAB (K-12)?

	#1		
First and Last Name			
	Pronouns:	Date of Birth(mm/dd/yyyy)	
Hebrew Name			
School/Grade			
	#2		
First and Last Name			
	Pronouns:	Date of Birth(mm/dd/yyyy)	
Hebrew Name			
School/Grade			
	#3		
First and Last Name			
	Pronouns:	Date of Birth(mm/dd/yyyy)	
Hebrew Name			_
School/Grade			
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191 NON DEFEND	ENT CHIEDREN, OM		
	RE MEMBERS OF A	ETH AM (please list names and relationships)	
CLATIVES WHO AI	NE WIEWIDENS OF BI	LTTT AIVI (please list names and relationships)	
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In order to continue to be a vibrant, active congregation, Beth Am depends on dedicated, involved members. Get the most out of your membership through active participation. Please check the boxes below for activities and committees that interest you.

Adult Adult #1 #2	Adult Adult #1 #2	Adult Adult #1 #2			
 □ Religious Services □ Tzedek Beth Am □ Strategic Planning □ Continuing Education □ Youth Education □ Membership Committee 	□ □ Congregant Care (C2C) □ □ BAYITT (20-39) □ □ Tot Programming □ □ Volunteering □ □ Environmental Committee □ □ Choir	☐ ☐ Hiking Group ☐ ☐ Playground Playdates ☐ ☐ LGBTQ Social Group ☐ ☐ CHESED Committee ☐ ☐ Fundraising ☐ ☐ Kiddush Committee			
Additional Comments					
Signature of applicant(s) required to complete Membership Application form					
Adult #1	Date				
Adult #2	Date				

Thank you for completing your Beth Am membership application!

Please reach out to the executive director, Alex Pomerantz, at (410) 523-2446 to discuss membership dues.

