

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

DATE: _____

Please Print Clearly

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

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	Adult 1	Adult 2
First/Middle Hebrew Name		
Tribe	<input type="checkbox"/> Cohen <input type="checkbox"/> Levi <input type="checkbox"/> Israel	<input type="checkbox"/> Cohen <input type="checkbox"/> Levi <input type="checkbox"/> Israel
Parent 1 Hebrew Name		
Parent 2 Hebrew Name		
Bar/Bat Mitzvah Date (mm/dd/yyyy)		
Bar/Bat Mitzvah Portion		
Growing up, my family was	<input type="checkbox"/> Orthodox <input type="checkbox"/> Conservative <input type="checkbox"/> Reform <input type="checkbox"/> Reconstructionist <input type="checkbox"/> No Affiliation <input type="checkbox"/> Not Jewish	<input type="checkbox"/> Orthodox <input type="checkbox"/> Conservative <input type="checkbox"/> Reform <input type="checkbox"/> Reconstructionist <input type="checkbox"/> No Affiliation <input type="checkbox"/> Not Jewish
Do you read Torah?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you read Haftarah?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Information

Are you a member of any other congregation? Yes No If yes, where?

We are a DIY congregation – do you have any special skills you can offer to help support the Synagogue?

What attracted you to Beth Am?

Yahrzeit Notification

Name of Departed	English Date of Death (mm/dd/yyyy)	Before/After Sunset		Relationship to You
		Before	After	

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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	

LIST NON-DEPENDENT CHILDREN/GRANDCHILDREN

RELATIVES WHO ARE MEMBERS OF BETH AM (please list names and relationships)

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