

## **Membership Application**

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:

		ADI	JLT 1			ADULT 2				
Full Name										
Nickname										
Pronouns										
Birthdate (mm/dd/yyyy)										
Cell Phone										
Email Address	Single	Married	l	Partner	Single	Married	n Pa	rtner		
Marital Status	Widowed	Divorce		Separated	Widowed	Divorce		parated		
Anniversary (mm/dd/yyyy)										
DDIA A DV A A A HALE A DDDESS										
PRIMARY MAILING ADDRESS										
SECONDARY ADDRESS										
Occupation	F/T	P/T	Retired	Not	F/T	P/T	Retired	Not		
Employer Name	.,.	.,.		Employed	.,.	. , .	. tetii ed	Employed		
Business Street Address										
Business City, State, Zip										
Business Phone										
Business Email										

Continued



Biological Mother is Jewish				
	Yes	No	Yes	No
ent 1 Hebrew Name				
rent 2 Hebrew Name				
r/Bat Mitzvah Date n/dd/yyyy)				
Bat Mitzvah Torah Portion				
	Orthodox	Conservative	Orthodox	Conservative
owing up, my family was:	Reform	Reconstructionist	Reform	Reconstructionist
	No Affiliation	Not Jewish	No Affiliation	Not Jewish
you read Torah?	Yes	No	Yes	No
you read Haftarah?	Yes	No	Yes	No
We are a DIY congregation – do y	ou have any special sk	ills you can offer to hel	p support the Syna	gogue?
	ou have any special sk	ills you can offer to hel	o support the Syna	gogue?
What attracted you to Beth Am?	ou have any special sk	ills you can offer to hel	p support the Syna	gogue?
				gogue?
What attracted you to Beth Am?	Englis D	h Date of Before/Afeath Sundow	ter Rela	gogue?
What attracted you to Beth Am?  YAHRZEIT NOTIFICATION	Englis D	h Date of Before/Af eath Sundow	ter Rela	
What attracted you to Beth Am?  YAHRZEIT NOTIFICATION	Englis D	h Date of Before/Af eath Sundow	ter Rela	
What attracted you to Beth Am?  YAHRZEIT NOTIFICATION	Englis D	h Date of Before/Af eath Sundow	ter Rela	

ADULT 2

ADULT 1



## **DEPENDENT CHILDREN LIVING WITH YOU** (include college age children) Are you interested in our Jewish Discovery 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			$\Box$
School/Grade			
	#3		
First and Last Name			$\Box$
	Pronouns:	Date of Birth(mm/dd/yyyy)	$\dashv$
Hebrew Name			$\Box$
School/Grade			
IST NON-DEPENDE	ENT CHILDREN/GR	ANDCHII DREN	
RELATIVES WHO A	RE MEMBERS OF B	BETH AM (please list names and relationships)	
		(produce not names and relationships)	

## Some Beth Am Interests and Activities

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 and/or leadership. Please check the boxes below for the types of things that interest you. If you have an interest which is not yet represented in our activities and committees, maybe we can add it in the future. Either way, we appreciate the chance to get to know you!

A1	A2		A1	A2		A1	A2	
		Life Long Learning			Young Professionals (21-39ish)			Women's Programing
		Youth Education			Tot Programming			Men's Programming
		Fundraising			Senior Programming (55+)			Hiking
		Helping with Membership			Interfaith			LGBTQ
		Social Justice			Singing/Choir			Congregant Care/ Chesed
		Environmental work			Band (Instrument/Voice)			Helping with Kiddush
		Israel			Purim Spiel			Volunteering
		Other:						

Additional Comments or Questions						
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.

