



# 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 \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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 | Eng Date of Death<br>Mth/Day/Year | Before/After<br>Sunset | Heb Date of Death<br>(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 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<br>Mth/Day/Year | Before/After<br>Sundown | Heb Date of Death<br>(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 6 & 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 5 & 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 Category by Age of Oldest Member *Effective for the 2018 Calendar Year*

- |  |  |  |   |
|--|--|--|---|
| Household of 2 Adults                          | Household of 1 Adult (w/child)               | Individual Membership                        | Legacy Membership   |
| <input type="checkbox"/> 30 & Under<br>\$960   | <input type="checkbox"/> 30 & Under<br>\$740 | <input type="checkbox"/> 30 & Under<br>\$560 | <input type="checkbox"/> Ages 23-29<br>\$530              |
| <input type="checkbox"/> Ages 31-35<br>\$1,250 | <input type="checkbox"/> Ages 31-35<br>\$960 | <input type="checkbox"/> Ages 31-35<br>\$770 |   |
| <input type="checkbox"/> Over 35<br>\$2,140    | <input type="checkbox"/> Over 35<br>\$1,610  | <input type="checkbox"/> Over 35<br>\$1,250  | To Complete Payment for<br>Annual Dues, please see page 4 |

Households are expected to purchase High Holyday Maḥzors 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 \$ **48** = \$ \_\_\_\_\_

**Total Enclosed** \$ \_\_\_\_\_

Additional Comments

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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/ Application & Dues/BethAm 2018 Application)

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