

MEMBERSHIP APPLICATION FORM

Beth Am Synagogue 2501 Eutaw Place | Baltimore, MD 21217 | www.bethambaltimore.org
 Interim Office 2701 N. Charles Street, Suite 402 | Baltimore, MD 21218 | 410-523-2446 | frontoffice@bethambaltimore.org
 Please scan and send your completed form to david@bethambaltimore.org

DATE: _____

Please Print Clearly

	ADULT 1	ADULT 2
Formal Name		
Nickname		
Preferred Pronoun		
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 Street Address		
City, State, Zip		
Home Phone		
SECONDARY Street Address		
Home Phone		
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

Basic Information (continued)

	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

Do you keep a Kosher home? Yes No

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

Previous Synagogue Affiliation:

Number of years affiliated:

Special skills you can put to good use to assist the congregation, such as carpentry, artistry, computer technology, vocal or instrumental music, service leading, etc.

What attracted you to Beth Am?

Yahrzeit Notification

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

DEPENDENT CHILDREN LIVING WITH YOU (include college age children)

	#1
First and Last Name	
	Preferred Pronoun: _____ Date of Birth(mm/dd/yyyy) _____
Hebrew Name	
School/Grade	
Email Address	
	#2
First and Last Name	
	Preferred Pronoun: _____ Date of Birth(mm/dd/yyyy) _____
Hebrew Name	
School/Grade	
Email	
	#3
First and Last Name	
	Preferred Pronoun: _____ Date of Birth(mm/dd/yyyy) _____
Hebrew Name	
School/Grade	
Email Address	

LIST NON-DEPENDENT CHILDREN/GRANDCHILDREN (include birthdate, email, city of residence)

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

Beth Am Activities and Committees

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 #1 #2

Active Adults (55 & up)

Adult Education

BAYITT (20-39)

Chix (30-50)

Choir

Adult #1 #2

Congregant Care (C2C)

Community Engagement

Event Planning

Families w/ Children 6 & up

Families w/ Children 5 & under

Adult #1 #2

Fundraising

IFO

Kiddush Committee

Membership

PR/Marketing

Adult #1 #2

Purim Participation

Religious Services

Social Action

Strategic Planning

Young Adults

Youth Education

Category by Age of Oldest Member

Household of 2 Adults

30 & Under

Ages 31-35

Over 35

Household of 1 Adult (w/child)

30 & Under

Ages 31-35

Over 35

Individual Membership

30 & Under

Ages 31-35

Over 35

Legacy Membership

Ages 23-29

Households are expected to purchase High Holiday Maḥzors for all individuals occupying a seat for the holidays.

Dues Amount Enclosed \$ _____

Number of Maḥzors _____ **x \$48 =** _____

Total Amount Enclosed \$ _____

Please make checks payable to Beth Am.

Additional Comments

Signature of applicant(s) required to complete Membership Application form

Adult #1 _____

Date _____

Adult #2 _____

Date _____