



## Membership Form

# Congregation Beth Am

TO PROSPECTIVE "36/36" MEMBERS

[Please complete electronically, save and return via email, or complete in ink and return via mail/in person.]

We are delighted that you have chosen to join Congregation Beth Am. We hope that your life will be enriched through your participation in worship, education, social action and community activities at Beth Am. Welcome!

Congregation Beth Am's "36/36" membership pledge rate is our introductory plan for singles and young families.

The "36/36" membership pledge plan is as follows:

- The oldest person in the household is age 36 or under
- Annual membership pledge of \$36 until the oldest person in the household reaches the age of 37, at which point a regular fair share membership pledge and Building Fund commitment are assessed
- Full religious school fees apply to "36/36" membership households

The Congregation's fiscal year is July 1 – June 30.

### With regard to the above guidelines:

My/our annual commitment is **\$36**.

I would also like to make an additional donation in the amount of \$\_\_\_\_\_

Please bill me as follows: (Check One)

- once (July)
- two equal semi-annual payments (July and January)
- four equal quarterly payments (July, October, January and April )

**Please include a check for your first payment.**

If you have any questions about this special membership, please call our New Member Liaison, Steve Carlson, at (650) 856-4889, or our Executive Director Rachel Tasch at (650) 493-4661.

Signature(s) \_\_\_\_\_ or, I agree to these terms (initials) \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_



## Membership Form

# Congregation Beth Am

We are delighted that you have chosen to join Congregation Beth Am. We hope that your life will be enriched through your participation in worship, education, social action, and community activities at Beth Am. Welcome!

Date: \_\_\_\_\_

Adult Name(s): \_\_\_\_\_  
(Please print adult name(s) as you wish it/them to appear on mail from Congregation Beth Am)

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(if no home phone, please put primary contact number)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please check one:

Single    Divorced    Separated    Widowed    Engaged    Partnered    Married (Date) \_\_\_\_\_

I/We have lived in this area for \_\_\_\_\_ months \_\_\_\_\_ years. I/We last lived in \_\_\_\_\_

Previous synagogue affiliation?  Yes  No If yes, name of synagogue: \_\_\_\_\_

	Adult A <input type="checkbox"/> Male <input type="checkbox"/> Female	Adult B <input type="checkbox"/> Male <input type="checkbox"/> Female
Full Name		
Preferred Name (Rick for Richard)		
Hebrew Name (if applicable) <b>Example</b>	_____ <input type="checkbox"/> ben <input type="checkbox"/> bat _____ <u>Devorah</u> <input type="checkbox"/> ben <input checked="" type="checkbox"/> bat <u>Avraham v'Sarah</u>	_____ <input type="checkbox"/> ben <input type="checkbox"/> bat _____
Date of Birth		
Birthplace		
E-mail		
Cellular Phone		
Occupation/Profession		
Position/Title		
Business Phone		
Religious background in which you were raised		
If not raised in the Jewish tradition, are you currently:	<input type="checkbox"/> A Jew by choice (i.e., converted) <input type="checkbox"/> Affiliated with other religion: _____ <input type="checkbox"/> No religious affiliation	<input type="checkbox"/> Jew by choice (i.e., converted) <input type="checkbox"/> Affiliated with other religion: _____ <input type="checkbox"/> No religious affiliation
Did your education include (Please check all boxes that apply):	<input type="checkbox"/> Bar/Bat Mitzvah <input type="checkbox"/> Confirmation	<input type="checkbox"/> Bar/Bat Mitzvah <input type="checkbox"/> Confirmation
Do you currently (Please check any boxes that apply):	Read Hebrew: <input type="checkbox"/> Yes <input type="checkbox"/> No Speak Hebrew: <input type="checkbox"/> Yes <input type="checkbox"/> No Chant Torah/Haftarah: <input type="checkbox"/> Yes <input type="checkbox"/> No	Read Hebrew: <input type="checkbox"/> Yes <input type="checkbox"/> No Speak Hebrew: <input type="checkbox"/> Yes <input type="checkbox"/> No Chant Torah: <input type="checkbox"/> Yes <input type="checkbox"/> No

**Children's Information**

IF APPLICABLE, PLEASE FILL IN THE FOLLOWING INFORMATION AS IT APPLIES TO YOUR CHILDREN THROUGH HIGH SCHOOL:

	Child 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 2 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 3 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 4 <input type="checkbox"/> Male <input type="checkbox"/> Female
First and Middle Name				
Last Name				
Preferred Name (Jake for Jacob)				
Hebrew Name (If applicable)				
Birth Date (day, month, year)				
Name of Current School				
Current Grade				
Please check any Jewish education programs in which your child has participated.	<input type="checkbox"/> Preschool <input type="checkbox"/> Religious school (PreK to grade 8) <input type="checkbox"/> Religious school (Grades 9 to 12) <input type="checkbox"/> Hebrew school <input type="checkbox"/> Bar/Bat Mitzvah <input type="checkbox"/> Confirmation <input type="checkbox"/> Youth groups	<input type="checkbox"/> Preschool <input type="checkbox"/> Religious school (PreK to grade 8) <input type="checkbox"/> Religious school (Grades 9 to 12) <input type="checkbox"/> Hebrew school <input type="checkbox"/> Bar/Bat Mitzvah <input type="checkbox"/> Confirmation <input type="checkbox"/> Youth groups	<input type="checkbox"/> Preschool <input type="checkbox"/> Religious school (PreK to grade 8) <input type="checkbox"/> Religious school (Grades 9 to 12) <input type="checkbox"/> Hebrew school <input type="checkbox"/> Bar/Bat Mitzvah <input type="checkbox"/> Confirmation <input type="checkbox"/> Youth groups	<input type="checkbox"/> Preschool <input type="checkbox"/> Religious school (PreK to grade 8) <input type="checkbox"/> Religious school (Grades 9 to 12) <input type="checkbox"/> Hebrew school <input type="checkbox"/> Bar/Bat Mitzvah <input type="checkbox"/> Confirmation <input type="checkbox"/> Youth groups
Date Bar/Bat Mitzvah				
Date Confirmed				

(Please attach an additional sheet for additional children.)

IF APPLICABLE, PLEASE FILL IN THE FOLLOWING INFORMATION AS IT APPLIES TO YOUR POST-HIGH SCHOOL CHILDREN:

	Child 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 2 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 3 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 4 <input type="checkbox"/> Male <input type="checkbox"/> Female
First and Middle Name				
Last Name				
Birth Date (day, month, year)				
City/State in which they live				
Telephone				
Email address				
If student, school and expected date of graduation				
Name of spouse or partner				
Names and ages of children				
Do they belong to Beth Am?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach an additional sheet for additional children.)

**Referral Information**

How did you hear about Congregation Beth Am? (Check as many as apply)	Reason(s) for joining Congregation Beth Am (Check as many as apply)
<input type="checkbox"/> Referred by _____ <input type="checkbox"/> Beth Am member <input type="checkbox"/> Nonmember <input type="checkbox"/> Saw Beth Am website <input type="checkbox"/> Phone book <input type="checkbox"/> Internet search <input type="checkbox"/> Other: _____	<input type="checkbox"/> New to area <input type="checkbox"/> Worship Service <input type="checkbox"/> Clergy <input type="checkbox"/> Religious education for children <input type="checkbox"/> Torah Study <input type="checkbox"/> Adult Learning <input type="checkbox"/> Friends & family belong <input type="checkbox"/> Grew up at Beth Am <input type="checkbox"/> Other: _____ _____

**Friends and Relatives Information**

Please list any close friends or relatives (not previously listed) who are already members of the Congregation Beth Am community and their relationship to you (i.e., Helene Lewis, Andy’s cousin)

Name	Relationship

**Yahrzeit Information** (i.e., information on anniversary of loved one’s death)

Name	Date of Death	Do you want to be reminded on the English or Hebrew date? If Hebrew, was the death before or after sundown?	Relationship to which member
<i>Example: John Smith</i>	<b>05 / 10 / 2008</b>	<input checked="" type="checkbox"/> English date <input type="checkbox"/> Hebrew date <input type="checkbox"/> Before Sundown <input type="checkbox"/> After sundown	<b>Father to Bill</b>
		<input type="checkbox"/> English date <input type="checkbox"/> Hebrew date <input type="checkbox"/> Before Sundown <input type="checkbox"/> After sundown	to
		<input type="checkbox"/> English date <input type="checkbox"/> Hebrew date <input type="checkbox"/> Before Sundown <input type="checkbox"/> After sundown	to
		<input type="checkbox"/> English date <input type="checkbox"/> Hebrew date <input type="checkbox"/> Before Sundown <input type="checkbox"/> After sundown	to
		<input type="checkbox"/> English date <input type="checkbox"/> Hebrew date <input type="checkbox"/> Before Sundown <input type="checkbox"/> After sundown	to
		<input type="checkbox"/> English date <input type="checkbox"/> Hebrew date <input type="checkbox"/> Before Sundown <input type="checkbox"/> After sundown	to
		<input type="checkbox"/> English date <input type="checkbox"/> Hebrew date <input type="checkbox"/> Before Sundown <input type="checkbox"/> After sundown	to

(Please attach an additional sheet if needed.)

**Other Information**

Beth Am has resources that may be helpful to you or your family. Please indicate any special needs of members of your household that the Congregation should be aware of to assist as needed:

Name: \_\_\_\_\_

Vision    Hearing    Mobility    Transportation    Homebound    Disabled

Other (please specify, i.e. health, mental health, etc.): \_\_\_\_\_

Name: \_\_\_\_\_

Vision    Hearing    Mobility    Transportation    Homebound    Disabled

Other (please specify, i.e. health, mental health, etc.): \_\_\_\_\_

**Is there anything else you would like to know about Congregation Beth Am?**

**People to Contact in Case of Emergency**

Name	Phone	Relationship

## TELL US ABOUT YOUR INTERESTS!

Please help us to help you find how you would like to get connected or volunteer at Beth Am.

Adult A	Adult B
Full name you prefer: _____	Full name you prefer: _____
Preferred phone #: <input type="checkbox"/> Home _____ <input type="checkbox"/> Work <input type="checkbox"/> Cell	Preferred phone #: <input type="checkbox"/> Home _____ <input type="checkbox"/> Work <input type="checkbox"/> Cell
Email address: _____	Email address _____

Things I'd like to do at Beth Am:	Adult A	Adult B
Adult Bar/Bat Mitzvah	<input type="checkbox"/>	<input type="checkbox"/>
Adult education weekend retreat	<input type="checkbox"/>	<input type="checkbox"/>
Adult learning	<input type="checkbox"/>	<input type="checkbox"/>
Beth Am Men	<input type="checkbox"/>	<input type="checkbox"/>
Beth Am Women	<input type="checkbox"/>	<input type="checkbox"/>
Beth Am's mental health support group	<input type="checkbox"/>	<input type="checkbox"/>
Chant Torah/Haftarah	<input type="checkbox"/>	<input type="checkbox"/>
Chavurah (participate in social/interest group that meets monthly)	<input type="checkbox"/>	<input type="checkbox"/>
Community organizing efforts	<input type="checkbox"/>	<input type="checkbox"/>
Convert to Judaism	<input type="checkbox"/>	<input type="checkbox"/>
Cook meals for those in need	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising for Beth Am	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising for sister congregation in Ukraine (Poltava)	<input type="checkbox"/>	<input type="checkbox"/>
LGBT Programs	<input type="checkbox"/>	<input type="checkbox"/>
Knit for new Beth Am babies or for those in hospital	<input type="checkbox"/>	<input type="checkbox"/>
Hospitality (greeter)	<input type="checkbox"/>	<input type="checkbox"/>
Israel-related programs	<input type="checkbox"/>	<input type="checkbox"/>
Learn Hebrew	<input type="checkbox"/>	<input type="checkbox"/>
Membership/Community Committee (welcoming prospective and new members and community-building activities)	<input type="checkbox"/>	<input type="checkbox"/>
Organize a group/activity/event (What kind? _____)	<input type="checkbox"/>	<input type="checkbox"/>

Things I'd like to do at Beth Am:	Adult A	Adult B
Programs for interfaith couples/families	<input type="checkbox"/>	<input type="checkbox"/>
Programs for 20's and 30's	<input type="checkbox"/>	<input type="checkbox"/>
Programs for those from the former Soviet Union	<input type="checkbox"/>	<input type="checkbox"/>
Programs for young families (5 and under)	<input type="checkbox"/>	<input type="checkbox"/>
Programs for school-aged families	<input type="checkbox"/>	<input type="checkbox"/>
Programs for seniors	<input type="checkbox"/>	<input type="checkbox"/>
Provide rides to Beth Am for members who can't drive	<input type="checkbox"/>	<input type="checkbox"/>
Sing in choir	<input type="checkbox"/>	<input type="checkbox"/>
Play an instrument	<input type="checkbox"/>	<input type="checkbox"/>
Social action projects	<input type="checkbox"/>	<input type="checkbox"/>
Synagogue finance and/or administration	<input type="checkbox"/>	<input type="checkbox"/>
Teach in religious/Hebrew school	<input type="checkbox"/>	<input type="checkbox"/>
Thursday Morning Minyan	<input type="checkbox"/>	<input type="checkbox"/>
Torah Study	<input type="checkbox"/>	<input type="checkbox"/>
Visiting sick or homebound congregants	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer in Library	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer in Main Office	<input type="checkbox"/>	<input type="checkbox"/>
Youth Education Parents Association	<input type="checkbox"/>	<input type="checkbox"/>
I'd like to be invited to a Beth Am member's home for Shabbat dinner.	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

<b>Special skills, talents or hobbies you would be willing to share with the congregation:</b>		
	<input type="checkbox"/>	<input type="checkbox"/>