



## Membership Form

# Congregation Beth Am

TO PROSPECTIVE "36/36" MEMBERS  
[PLEASE PRINT IN INK]

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 for 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) \_\_\_\_\_ Date \_\_\_\_\_

# Congregation Beth Am

## Membership Form

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<br><input type="checkbox"/> Male <input type="checkbox"/> Female  | Adult B<br><input type="checkbox"/> Male <input type="checkbox"/> Female   |
|---|---|--|
| Full Name   |   |  |
| Preferred Name (Rick for Richard)                               |   |  |
| Hebrew Name (if applicable)<br><b>Example</b>                   | _____ <input type="checkbox"/> ben <input type="checkbox"/> bat _____<br><i><u>Devorah</u>   <input type="checkbox"/> ben   <input checked="" type="checkbox"/> bat   <u>Avraham v'Sarah</u></i>                                  | _____ <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)<br><input type="checkbox"/> Affiliated with other religion:<br>_____<br><input type="checkbox"/> No religious affiliation  | <input type="checkbox"/> Jew by choice (i.e., converted)<br><input type="checkbox"/> Affiliated with other religion:<br>_____<br><input type="checkbox"/> No religious affiliation                                       |
| Did your education include (Please check all boxes that apply): | <input type="checkbox"/> Bar/Bat Mitzvah<br><input type="checkbox"/> Confirmation   | <input type="checkbox"/> Bar/Bat Mitzvah<br><input type="checkbox"/> Confirmation  |
| Do you currently (Please check any boxes that apply):           | Read Hebrew: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Speak Hebrew: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Chant Torah/Haftarah: <input type="checkbox"/> Yes <input type="checkbox"/> No | Read Hebrew: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Speak Hebrew: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Chant Torah: <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Congregation Beth Am, 26790 Arastradero Road, Los Altos Hills, CA 94022, 650-493-4661, [www.betham.org](http://www.betham.org)**

## Children's Information

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

|  | Child 1<br><input type="checkbox"/> Male <input type="checkbox"/> Female  | Child 2<br><input type="checkbox"/> Male <input type="checkbox"/> Female  | Child 3<br><input type="checkbox"/> Male <input type="checkbox"/> Female  | Child 4<br><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<br><input type="checkbox"/> Religious school (PreK to grade 8)<br><input type="checkbox"/> Religious school (Grades 9 to 12)<br><input type="checkbox"/> Hebrew school<br><input type="checkbox"/> Bar/Bat Mitzvah<br><input type="checkbox"/> Confirmation<br><input type="checkbox"/> Youth groups | <input type="checkbox"/> Preschool<br><input type="checkbox"/> Religious school (PreK to grade 8)<br><input type="checkbox"/> Religious school (Grades 9 to 12)<br><input type="checkbox"/> Hebrew school<br><input type="checkbox"/> Bar/Bat Mitzvah<br><input type="checkbox"/> Confirmation<br><input type="checkbox"/> Youth groups | <input type="checkbox"/> Preschool<br><input type="checkbox"/> Religious school (PreK to grade 8)<br><input type="checkbox"/> Religious school (Grades 9 to 12)<br><input type="checkbox"/> Hebrew school<br><input type="checkbox"/> Bar/Bat Mitzvah<br><input type="checkbox"/> Confirmation<br><input type="checkbox"/> Youth groups | <input type="checkbox"/> Preschool<br><input type="checkbox"/> Religious school (PreK to grade 8)<br><input type="checkbox"/> Religious school (Grades 9 to 12)<br><input type="checkbox"/> Hebrew school<br><input type="checkbox"/> Bar/Bat Mitzvah<br><input type="checkbox"/> Confirmation<br><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<br><input type="checkbox"/> Male <input type="checkbox"/> Female | Child 2<br><input type="checkbox"/> Male <input type="checkbox"/> Female | Child 3<br><input type="checkbox"/> Male <input type="checkbox"/> Female | Child 4<br><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.)



**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 ( _____ ) _____<br><input type="checkbox"/> Work<br><input type="checkbox"/> Cell | Preferred phone #: <input type="checkbox"/> Home ( _____ ) _____<br><input type="checkbox"/> Work<br><input type="checkbox"/> Cell |
| Email address: _____   | Email address _____  |

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

| Things I'd like to do at Beth Am:  | Adult A | Adult B |
|--|---------|---------|
| Peninsula Interfaith Action—advocacy organization made up of 30 religious organizations on the Peninsula |         |         |
| Programs for interfaith couples/families   |         |         |
| Programs for 20's and 30's (Roots Collective)  |         |         |
| Programs for those from the former Soviet Union  |         |         |
| Programs for young families (5 and under)  |         |         |
| Programs for school-aged families  |         |         |
| Programs for seniors   |         |         |
| Provide rides to Beth Am for members who can't drive   |         |         |
| Sing in choir/play instrument (please circle your interest)  |         |         |
| Social action projects   |         |         |
| Synagogue finance and/or administration  |         |         |
| Teach in religious/Hebrew school   |         |         |
| Thursday Morning Minyan  |         |         |
| Torah study  |         |         |
| Visiting sick or homebound congregants   |         |         |
| Volunteer in library   |         |         |
| Volunteer in office  |         |         |
| Youth education parents' association   |         |         |
| Other:   |         |         |

|  |  |  |
|--|--|--|
| <b>Special skills, talents or hobbies you would be willing to share with the congregation:</b> |  |  |
|--|--|--|