



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 <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) Example	_____ <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

Congregation Beth Am, 26790 Arastradero Road, Los Altos Hills, CA 94022, 650-493-4661, 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 <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.)

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
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:		

Special skills, talents or hobbies you would be willing to share with the congregation:		
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