

MEMBERSHIP

FOR MEMBERSHIP YEAR JULY 1, 20____ TO JUNE 30, 20____

MEMBERSHIP TYPE	AMOUNT
Annual Membership Dues (see enclosed categories)	\$ _____
Facility Reserve Fund	\$ 100
Security Fee (2-Adult / 1-Adult)	\$ 200 / 100
* Building Fund	
2-Adult Household	\$ 1,500.00
1-Adult Household	\$ 750.00

* BUILDING FUND PAYABLE IN 1, 2, 3 OR 5 YEARS (PLEASE CIRCLE PREFERENCE)

BALANCE TO BE PAID AS FOLLOWS:

- One payment 100% (check or credit card)
- 50% down, balance to be paid by year-end.
- Automatic charge to your credit card up to 10 equal payments

Membership payment enclosed \$ _____ Check (payable to Temple Beth Am

OR

Visa/MasterCard No. _____ EXPIRATION DATE _____

Amount to be charged now \$ _____ Additional amount to be charged \$ _____ (x _____ # of payments)

I/We agree to adhere to all rules and regulations of Temple Beth Am.
 I/We further hereby assume full legal and financial responsibility for paying all Temple dues and other charges promptly.
 Any school fees will be charged by the school and must be paid in accordance with the school contract.

SIGNATURE OF APPLICANT

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DATE

FOR OFFICE USE ONLY

HIGH HOLIDAY SEATING _____ NUMBER OF SEATS _____

TEMPLE BETH AM REP. _____ DATE _____

EXEC. DIR. MM2000 A/R HHD



TEMPLE BETH AM

MEMBERSHIP APPLICATION

1039 South La Cienega Boulevard
 Los Angeles, Ca 90035-2507

tel: 310-652-7353
 fax: 310-652-BETH

please print

ADULT HOUSEHOLD MEMBERS

1. _____

Last	First	Middle	Nickname <i>(if preferred)</i>	Title <i>(optional)</i>
			<input type="checkbox"/> Kohen	
			<input type="checkbox"/> Levi	
Hebrew name <i>(i.e. Moshe ben David v' Sara)</i>			<input type="checkbox"/> Israel	email

2. _____

Last	First	Middle	Nickname <i>(if preferred)</i>	Title <i>(optional)</i>
			<input type="checkbox"/> Kohen	
			<input type="checkbox"/> Levi	
Hebrew name <i>(i.e. Moshe ben David v' Sara)</i>			<input type="checkbox"/> Israel	email

HOME

Street Address _____ City _____ Zip+4 _____

HOME PHONE _____

HOME FAX _____

ADDITIONAL HOUSEHOLD INFORMATION

Single Married Divorced Widowed

Other _____

Anniversary _____

mo day year

Member #1 M F

Member #1 M F

Date of Birth _____	Occupation _____	Date of Birth _____	Occupation _____
Firm Name _____		Firm Name _____	
Address _____		Address _____	
City _____	Zip+4 _____	City _____	Zip+4 _____
Phone _____	Cell _____	Phone _____	Cell _____
Type of Business _____		Type of Business _____	
Job Title _____		Job Title _____	

FAMILY

CHILDREN

Child's Full Name (First and Last)	Sex	Birth Date	Hebrew Name	School Enrollment (if applicable)

ADULT CHILDREN

Name & Spouse <i>(if any)</i>	Birth Date	Address	Email

RELATIVES WHO ARE MEMBERS OF BETH AM

Name	Relationship

LIST OF DEPARTED FOR YAHRZEIT NOTIFICATION

Name of Deceased	Date of Death (please incl. year)	Before/After Sundown	Hebrew Name	Relationship

RELIGIOUS BACKGROUND

Please tell us about your family's religious affiliations when you were growing up:

Please check all that apply:

Born to Jewish mother father both neither

Converted to Judaism:

Date _____ Location _____ Sponsoring Rabbi _____ Other _____

When I was growing up, my family was affiliated with a congregation that was
(please indicate Member #1 or Member #2:

Conservative _____ Reform _____ Orthodox _____ Not Affiliated _____ Not Jewish _____

Previous or other current Congregational Affiliation(s) - Name(s) and location(s) of congregation & affiliation dates

Have you been active in Temple life? _____ If Yes, in what capacity? _____

GETTING INVOLVED

We encourage all members of the Congregation to take an active part in Temple life. We would very much like you to get involved in one or more of the following activities (check off all areas of interest):

- | | | |
|---|---|--|
| <input type="checkbox"/> Bikkur Holim (visiting the sick) | <input type="checkbox"/> House and Grounds Committee | <input type="checkbox"/> Parent Association |
| <input type="checkbox"/> Choir | <input type="checkbox"/> Israel Committee | <input type="checkbox"/> Purim carnival |
| <input type="checkbox"/> Resource Development <i>(Fund Raising)</i> | <input type="checkbox"/> Jewlyweds (Newlywed couples) | <input type="checkbox"/> Shabbat Greeter |
| <input type="checkbox"/> Gift Shop Volunteer | <input type="checkbox"/> 40's & 50's singles | <input type="checkbox"/> Shiva Meal Service |
| <input type="checkbox"/> Green Team | <input type="checkbox"/> Mitzvah Taxi
<i>(providing Shabbat rides to the Shul)</i> | <input type="checkbox"/> Social Action Committee |
| <input type="checkbox"/> Happy Seniors | <input type="checkbox"/> Office Volunteer | <input type="checkbox"/> YABA (Young Adults @ Beth Am)
<i>(20's and 30's)</i> |
| | | <input type="checkbox"/> Youth Commission |

Special talents, skills, hobbies or interests: _____