BEIT AM NEW MEMBERSHIP FORM

JULY 1, 2026 – JUNE 30, 2027

PLEASE SUBMIT THIS FORM OR THE ONLINE VERSION

https://beitam.org/membership-form

Welcome to Beit Am! Please complete this form in its entirety as well as the dues commitment on the last page. Both forms are necessary for your membership.

Please list adults in your household who wish to be Beit Am members (enter names as you would like them in the directory):

Adult #1

Name_____ Preferred Pronouns_____

Hebrew Name_____ son/daughter of_____ and_____

Address_____City_____State_____ZipCode _____

Phone_____ Email_____

Birthdate (month and day)_____ (Optional for newsletter birthday wishes)

Adult #2

Name_____ Preferred Pronouns_____

Hebrew Name_____ son/daughter of_____ and_____

Relationship to Adult #1_____

Phone_____ Email_____

Birthdate (month and day)_____ (Optional for newsletter birthday wishes)

Please list children living in the same household below :

(*birthdates will not be published in the directory*)

Name_____ Preferred Pronouns_____

Hebrew Name_____ son/daughter of_____ and_____

Birthdate (month, day and year)_____ Grade _____

Name_____ Preferred Pronouns_____

Hebrew Name_____ son/daughter of_____ and_____

Birthdate (month, day and year)_____ Grade _____

Name_____ Preferred Pronouns_____

Hebrew Name_____ son/daughter of_____ and_____

Birthdate (month, day and year)_____ Grade _____

Tell us about any yahrzeits you wish to honor:

Name ____

Hebrew Name ______________ son/daughter of ________ and ________

Relationship (specify to which member) ____________________________

Date of Passing __________________________ ❑ Before sunset

❑ After sunset

Hebrew Date of Passing ______________________

(We can calculate for you if you do not know)

Name ____

Hebrew Name ______________ son/daughter of ________ and ________

Relationship (specify to which member) ____________________________

Date of Passing __________________________ ❑ Before sunset

❑ After sunset

Hebrew Date of Passing ______________________

(We can calculate for you if you do not know)

Name ____

Hebrew Name ______________ son/daughter of ________ and ________

Relationship (specify to which member) ____________________________

Date of Passing __________________________ ❑ Before sunset

❑ After sunset

Hebrew Date of Passing ______________________

(We can calculate for you if you do not know)

Name ____

Hebrew Name ______________ son/daughter of ________ and ________

Relationship (specify to which member) ____________________________

Date of Passing __________________________ ❑ Before sunset

❑ After sunset

Hebrew Date of Passing ______________________

(We can calculate for you if you do not know)

Adult Member #1 _____

Adult Member #2 _____

Beit Am 2026—2027 Dues

Everyone should complete this page, even if you have an auto-pay method set up for dues.

Beit Am's dues system allocates a portion of financial responsibility among our community members based on their household income. To ensure that dues levels are assessed on a fair and consistent basis for all members, we ask that you determine your dues based on 2% of your adjusted gross income. We also welcome dues that are greater than 2%!

Amount of total dues for **membership year** July 1, 2026 through June 30, 2027 $_____
NOTE: ***all dues are IRS-qualified charitable contributions*** (prorate as necessary)

Payment Options (Check One):

_____ Full payment due **now**

_____ Two installment payments due **now** and **December 1, 2026** $_____ each *

_____ Monthly payments (Total annual dues ÷ number of months remaining in membership year) $_____ each **

_____ I have special circumstances and require an alternative payment option. Please explain your situation and your proposed alternative:

_____

_____

*For budgeting it is preferred that the dues are paid in two equal installments. If this creates a hardship for you, you may pay what you are able for the first installment, and the remaining balance for your second installment. If you are joining on or after December 1, 2026, full payment is due now.

**If the monthly payment option is selected, we require either ACH automatic debits, or automatic bill pay from your checking account. When using bill pay, please write "Dues" in the memo field.

_____

Signature(s) Date

Beit Am relies on your dues promise for the operating budget and appreciates your timely payments.

Beit Am believes that an inability to pay should never be a barrier to membership or education. Dues help the community provide all kinds of programming, but they should not be a burden or cause financial harm to your family. While the suggested amount is 2% of income, Beit Am believes that an inability to pay should never be a barrier to membership or education. If you have questions or would like to discuss options, please contact our treasurer at treasurer@beitam.org. Dues information is kept strictly confidential.

Please mail this form to Beit Am or put under the office door

4318 NW Circle Blvd | Corvallis, OR 97330 | office@beitam.org | (541) 753-0067

New Rev. 8/26