



BEIT AM NEW MEMBERSHIP FORM

MAY 1, 2021 – APRIL 30, 2022

SUBMIT THIS FORM OR THE ONLINE VERSION
<https://www.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(birthdates will not be published in the directory)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

Hebrew Date of Passing _____ After sunset

(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

Hebrew Date of Passing _____ After sunset

(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

Hebrew Date of Passing _____ After sunset

(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

Hebrew Date of Passing _____ After sunset

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



Adult Member #1 _____

Adult Member #2 _____

BEIT AM 2021—2022 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 percent of your adjusted gross income. We also welcome dues that are greater than 2 percent!

Amount of total dues for membership year May 1, 2021 through April 30, 2022 \$ _____

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 SEPTEMBER 1, 2021** \$ _____ 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 BALANCE ON OR BEFORE SEPTEMBER 1, 2021.

**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. If your financial circumstances require alternative arrangements, please contact the Office Administrator or the Treasurer to discuss, in confidence, dues assessment or payment arrangement.

Would you like to give a gift subscription for Kol Ha’am to anyone?

If so, please include full name and mailing address, and include a separate payment for an additional \$18 per subscription. Include a separate sheet for additional gifts. Please write “Kol Ha’am” in the memo field of the check.

Name(s) and address on subscription: _____

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