



## BEIT AM NEW MEMBERSHIP FORM

MAY 1, 2019 – APRIL 30, 2020

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*(birthdates will not be published in the directory)*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

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 2019—2020 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, 2019 through April 30, 2020 \$ \_\_\_\_\_

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, 2019** \$ \_\_\_\_\_ 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, 2019.

\*\*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 IN THE LOCKED BOX NEXT TO THE BULLETIN BOARD**  
PO Box 1143 | Corvallis, OR 97339 | office@beitam.org | (541) 753-0067