



**Annual Dues Commitment Form: July 1, 2020 – June 30, 2021**

Last Name (1) \_\_\_\_\_ First (1) \_\_\_\_\_  
 Last Name (2) \_\_\_\_\_ First (2) \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Cell (1) \_\_\_\_\_ Cell (2) \_\_\_\_\_  
 Email (1) \_\_\_\_\_ Email (2) \_\_\_\_\_

**\*\* EMAIL ONLY BILLING (Check Here): \_\_\_\_\_ (circle desired Email to use above).**

<b>A) DUES <u>UNCHANGED FOR 2020-21</u> (Check Status):</b>	<b>Enter Amounts</b>	
<input type="checkbox"/> Family Membership	\$ 1,720	
<input type="checkbox"/> Senior Family Membership (70+)	\$ 1,395	
<input type="checkbox"/> Senior Single Membership (70+)	\$ 1,020	
<input type="checkbox"/> Head of Household	\$ 1,395	
<input type="checkbox"/> Married - Both under Age 30	\$ 1,020	
<input type="checkbox"/> Single - Under Age 30	\$ 795	
<input type="checkbox"/> Young Adult - Under Age 25	FREE	
<input type="checkbox"/> Associate Membership *	\$ 480	
<input type="checkbox"/> Other Congregation _____		A) \$ _____

*\*All Associate Members must show that they are members in good standing at another congregation. Please contact the office at 813-968-8511 or email at Admin@BethAmTampa.org for further details for special Associate Member forms requirements.*

**B) VOLUNTARY SECURITY ASSESSMENT** B) \$ \_\_\_\_\_  
 (Recommend \$200 / Family or \$100 / Individual)

<b>C) CAMPAIGN FOR BETH AM (Donations to Beth Am's Unrestricted Funds for FY 20):</b>		
<input type="checkbox"/> Chayim (Life)	(Donation of \$10,000 and above)	
<input type="checkbox"/> Zedek (Righteous)	(Donation of \$5,000 - \$9,999)	
<input type="checkbox"/> Kavod (Honor)	(Donation of \$2,500 - \$4,999)	
<input type="checkbox"/> Beracha (Blessing)	(Donation of \$1,000 - \$2,499)	
<input type="checkbox"/> Simcha (Joy)	(Donation of \$500 - \$999)	
<input type="checkbox"/> Chaver (Friend)	(Donation of \$180 - \$499)	
<input type="checkbox"/> Contributor	Other amount	C) \$ _____

**D) OPTIONAL DUES FOR BETH AM PROGRAMS:**

<input type="checkbox"/> Sisterhood	\$45
<input type="checkbox"/> Men's Club	\$45
<input type="checkbox"/> ARZA Membership	\$36

Enter Total Amount D) \$ \_\_\_\_\_

**E) TOTAL FY 20 COMMITMENT (Add A + B + C+D)** E) \$ \_\_\_\_\_

*(PLEASE SIGN and DATE on the back of the page)*

Dues structure is not intended to limit or exclude anyone from joining or remaining a member of Congregation Beth Am. Exceptions will be made on an individual basis by special arrangement with the Financial Secretary.

**All special arrangements must be renewed yearly, or full dues will be assessed.** *It is ultimately your responsibility to initiate contact with the Financial Secretary to make any and all special financial arrangements, and completion of this form does not absolve any member from honoring any and all outstanding financial obligations from prior years.*

For more information, please contact Jim Corning, Financial Secretary, at 781-856-7047 or email at [jimcorning@gmail.com](mailto:jimcorning@gmail.com)

**Prorated Dues Policy:** Dues will only be prorated for new members who join after the completion of the High Holiday season. After then, dues will be prorated upon request based on the total number of partial or entire remaining months in the fiscal year.

**Payment Method Circle desired billing frequency:** (defaulted to present frequency)

**Annually (Paid in Full)**

**Semi Annually Quarterly**

**Monthly**

Enclosed is check # \_\_\_\_\_ for \$ \_\_\_\_\_ as payment of/toward this year's dues commitment.

Please charge my credit card: MasterCard VISA Discover AMEX Amount \$ \_\_\_\_\_

CC # \_\_\_\_\_ Expires: \_\_ / \_\_ (SIGN BELOW)

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



**Congregation Beth Am**  
 2030 West Fletcher Ave Tampa, FL 33612  
 813.968.8511 [www.BethAmTampa.org](http://www.BethAmTampa.org)

## Membership Application

*Welcome to Congregation Beth Am!*

We are delighted you have chosen to become part of our community. We hope that you will find membership an enriching experience and encourage you to explore the diverse opportunities for Jewish expression that Congregation Beth Am offers.

Please call upon our clergy, staff, and lay leaders whenever we can assist you in becoming part of our Beth Am family.

Please call our office **813-968-8511** if you have any questions at all or need assistance in filling out this application.

Mail or email completed application to [Admin@BethAmTampa.org](mailto:Admin@BethAmTampa.org)

### Personal Information

	ADULT APPLICANT #1	ADULT APPLICANT #2
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____
Full Name		
By what first name do you wish to be addressed (if different from above)?		
Personal Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Date of Anniversary
Hebrew Name (if known)		
Date of Birth		
Birthplace		
Former City and State of residence		
Special Accommodations needed	<input type="checkbox"/> Visual impairment (large print prayer book) <input type="checkbox"/> Auditory impairment (assisted hearing devices) <input type="checkbox"/> Physically challenged <input type="checkbox"/> Other	<input type="checkbox"/> Visual impairment (large print prayer book) <input type="checkbox"/> Auditory impairment (assisted hearing devices) <input type="checkbox"/> Physically challenged <input type="checkbox"/> Other

### Contact Information

How would you like your name(s) to appear in the Membership Directory?

Name(s): \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone #1: \_\_\_\_\_ Cell Phone #2: \_\_\_\_\_

Email #1: \_\_\_\_\_ Email #2: \_\_\_\_\_

I would like to receive communications via email.

I would like to receive communications via US mail.

## Religious Background

	Adult Applicant #1	Adult Applicant #2
Religious background in which you were raised	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____ <input type="checkbox"/> Jewish unaffiliated	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____ <input type="checkbox"/> Jewish unaffiliated
If you became Jewish as an adult Date, Congregation, City		
Bar/Bat Mitzvah (if applicable) Date, Congregation, City		
Confirmation (if applicable) Date, Congregation, City		
Congregation most recently or currently affiliated with		
Please list any relatives who are Beth Am members		
Have you ever been a member of another synagogue? If so, when?		

## Business Information

	Adult Applicant #1	Adult Applicant #2
Occupation/Title		
Area of specialization		
Employer		
Address		
City, State, Zip		
Business Phone		
Business Fax		
Business Email		

## Yahrzeit Information

Name	Date of death Before/After sundown	Family Relationship

Please attach a separate sheet for additional names.  Request information on memorial plaque at Congregation Beth Am  
 Request information on Congregation Beth Am's cemetery

## Children's Information

	Child #1	Child #2	Child #3	Child #4
First and middle name				
Last name (if different)				
Hebrew name (if known)				
Birth date (and grade if applicable)				
Address (if not living with you)				
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Married
Is this child being raised in the Jewish faith?	<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
Will this child be attending Religious School at Congregation 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
Bar/Bat Mitzvah: Date, Congregation, City				
Confirmation: Date, Congregation, City				
If previously attended Religious School, list Congregation and City				

*If you have more than four children, please attach an additional page.*

## Emergency Contact Information

For Adult #1 Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Emergency Medical Professional Name & Phone: \_\_\_\_\_

Health Care Proxy: \_\_\_\_\_

For Adult #2 Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Emergency Medical Professional Name & Phone: \_\_\_\_\_

Health Care Proxy: \_\_\_\_\_

## Opportunity for Participation

At Congregation Beth Am, we believe that joining a congregation is a spiritual and emotional commitment. We encourage all congregants to become involved in all aspects of life in our congregational community. In furthering this ideal, we have many opportunities for you to participate in congregational life. Please indicate which of these areas interest you by checking the appropriate box or boxes. Your participation will help strengthen the community and will make your temple experience more meaningful. You will be contacted by a congregation member with more information.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Adult Learning                 | <input type="checkbox"/> Religious School Activities   | <input type="checkbox"/> Sisterhood                          |
| <input type="checkbox"/> Caring Community               | <input type="checkbox"/> Design & Beautification       | <input type="checkbox"/> Zahav (Adults at Leisure)           |
| <input type="checkbox"/> Library                        | <input type="checkbox"/> Maintenance & Building Repair | <input type="checkbox"/> Sr. BITTY Youth Group (Grades 8-12) |
| <input type="checkbox"/> Budget and Finance             | <input type="checkbox"/> Men's Club                    | <input type="checkbox"/> Jr. BITTY Youth Group (Grades 6-7)  |
| <input type="checkbox"/> Social Action & Social Justice | <input type="checkbox"/> Fund Raising                  | <input type="checkbox"/> Mini BITTY Group (Grades 3-5)       |
| <input type="checkbox"/> Communications & Publicity     | <input type="checkbox"/> Social Activities             | <input type="checkbox"/> Lil BITTY Group (Grades K-2) ITTY   |
| <input type="checkbox"/> Bulletin Writing, Editing      | <input type="checkbox"/> Music - Choir or Band         | <input type="checkbox"/> BITTY (Toddler - Pre-K)             |

## Talent and Interest Survey

*What are your passions? What are your interests?*

- Cooking  
  Music  
  Painting  
  Gardening  
  Electrical  
  Public Relations  
  Israeli Dancing  
 Art  
  Meditation  
  Plumbing  
  Baking  
  Sports  
  Carpentry  
  Sewing  
 Travel  
  Accounting  
  Needlework  
  Reading/Book Club  
  Drama/Theater  
  Hiking  
 Biking  
  Walking

Other \_\_\_\_\_

**Applicant #1:** I, \_\_\_\_\_, would like to become a member of Congregation Beth Am.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Applicant #2:** I, \_\_\_\_\_, would like to become a member of Congregation Beth Am.

Signature \_\_\_\_\_ Date \_\_\_\_\_



2030 W. Fletcher Avenue Tampa, Florida 33612-1821  
www.BethAmTampa.org Admin@BethAmTampa.org

**Annual Pledge Form: July 1, 2020 – June 30, 2021**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**A) CAMPAIGN FOR BETH AM (Donations to Beth Am's Unrestricted Funds for FY 20):**

- Chayim (Life) (Donation of \$10,000 and above)
- Zedek (Righteous) (Donation of \$5,000 - \$9,999)
- Kavod (Honor) (Donation of \$2,500 - \$4,999)
- Beracha (Blessing) (Donation of \$1,000 - \$2,499)
- Simcha (Joy) (Donation of \$500 - \$999)
- Chaver (Friend) (Donation of \$180 - \$499)
- Contributor Other amount

Enter Amount A) \$ \_\_\_\_\_

**B) VOLUNTARY SECURITY FUND CONTRIBUTION  
(Recommend \$200 / Family or \$100 / Individual)**

Enter Amount B) \$ \_\_\_\_\_

**C) OPTIONAL DUES FOR BETH AM PROGRAMS:**

- Sisterhood \$45
- Men's Club \$45
- ARZA Membership \$36

Enter Total Amount C) \$ \_\_\_\_\_

**D) TOTAL PLEDGE (Add A + B + C)**

D) \$ \_\_\_\_\_

*(PLEASE SIGN and DATE at Bottom)*

**Payment Method:**

Circle desired billing frequency: (defaulted to present frequency)

Annually (Paid in Full)    Semi Annually    Quarterly    Monthly

Enclosed is check # \_\_\_\_\_ for \$ \_\_\_\_\_ as payment of/toward this year's pledge commitment.

Please charge my credit card:     Use Card on File or  
 MasterCard     VISA     Discover     AMEX Amount \$ \_\_\_\_\_

CC # \_\_\_\_\_ Expires: \_\_\_\_ / \_\_\_\_ (SIGN BELOW)

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Capital Campaign Commitment Form**

*(Please print)*

Last Name(s): \_\_\_\_\_ First Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone(s): \_\_\_\_\_ Email \_\_\_\_\_

	Commitment
<b>Required Capital Campaign Commitment:</b>	<b>\$ 1,500.00</b>
<i>(Payable over 4-Years: 1/4<sup>th</sup> due at signing and 1/4<sup>th</sup> due each anniversary month the following 3 years.)</i>	
<b>Optional Additional Capital Campaign Commitment:</b>	+ \$ _____
<b>TOTAL CAPITAL CAMPAIGN (CC) COMMITMENT:</b>	\$ _____

Enclosed is my (our) check for \$\_\_\_\_\_ in full payment of my (our) CC commitment.

I (We) will pay my (our) CC commitment  Annually  Semi-annually  Quarterly  Monthly.

*Please note that it is Congregation Beth Am's policy to have all fees and charges, including Capital Campaign commitments, regardless of frequency of billing, due and payable 30 days from invoice date.*

I (We) agree to the terms and conditions of my Capital Campaign commitment.

**Signature(s) required:** \_\_\_\_\_ **Date** \_\_\_\_\_

Note: Congregation Beth Am's Capital Campaign charges, although mandatory, are not intended to limit or exclude anyone from joining or remaining a member of Congregation Beth Am. Payment option exceptions will be made on an individual basis by special arrangement with the Financial Secretary of Congregation Beth Am. For more information, please contact the office at (813) 968-8511 or [Admin@BethAmTampa.org](mailto:Admin@BethAmTampa.org). . Please visit our website at [www.BethAmTampa.org](http://www.BethAmTampa.org)