

Congregation Beth Am of San Antonio
Affiliated with the Reconstructionist Rabbinical College

7150 W IH 10 San Antonio, TX 78213-3468
 (210) 492-217 www.bethamsatx.org



MEMBERSHIP APPLICATION

Date of Application: _____

Name: _____

Birth date: ____/____/____ Birthplace: _____

Home Address: _____

Primary Telephone: _____ E-mail: _____

Occupation/ Current Employer: _____

Membership is for: Self _____ Family _____

SPOUSE/PARTNER

Name: _____

Birth date: ____/____/____ Birthplace: _____

Primary Telephone: _____ E-mail: _____

Occupation/ Current Employer: _____

JEWISH BACKGROUND

Please tell us about your Jewish background(s): For example, if you are Jewish either by birth or conversion. (*One adult member of the family being Jewish is a requirement for membership.* Beth Am, being a Reconstructionist congregation, considers a person born of a Jewish mother *or* father to be Jewish assuming the person identifies as Jewish.) Interfaith families including non-Jewish spouses are warmly welcomed into the congregation.

If there is one thing in particular that you would hope to get out of your membership/relationship with Congregation Beth Am, what would it be?"

Are you a member of another congregation? If so, which one: _____

CHILDREN:

CHILD'S NAME	DOB(mm/dd/yyyy)	CHILD'S NAME	DOB(mm/dd/yyyy)
1		4	
2		5	
3		6	

Yahrzeits (Please list the dates of death (secular and/or Jewish calendar) of loved ones.)

NAME	RELATIONSHIP	DOD (mm/dd/yyyy)

PLEDGE OF SUPPORT: We ask members contribute 1.5% of their adjusted gross income, with a minimum of \$1,000 per year (The first \$25 goes to the Torah Maintenance Fund). *No one will be excluded because of inability to pay*, and all pledge information is kept strictly confidential. Please contact our VP of Membership, Stan Drezek, (210-464-1365 or stanwendre@gmail.com) if you have questions about your financial pledge.

Beth Am's fiscal year is from July 1 to June 30. If you are joining after High Holydays, your pledge can be prorated.

My/our Pledge for _____ (year) will be: \$ _____

PAYMENT SCHEDULE: Please indicate how you would like to pay your Pledge:

- Annually Monthly in ten installments (Sept. – June)
 Quarterly Automatic monthly payments from your banking account *

PLEDGE OF SERVICE: Beth Am is a participatory community. Please check at least one area in which you are willing to assist..

- Ritual Area Membership area: involving members and building community
 Finance Other (specify) _____

If you have any questions about membership please contact Rhoda Rappaport (210) 492-2173, Gary Kurzban (210) 826-4890, or Stan Drezek (210) 464-1365.

PLEASE MAIL COMPLETED MEMBERSHIP APPLICATION TO:

Stan Drezek
 6 Westelm Garden
 San Antonio, TX 78230-2632

The Board will act upon your membership application at its next meeting (usually the 3rd weekend of each month). Upon acceptance payments can be made by sending checks to:

Congregation Beth Am
 c/o Rhoda Rappaport
 16942 Summer Creek
 San Antonio, TX 78248-1409

* Should you wish this option please contact Rhoda Rappaport (210)-492-2173.