



Creating Sacred Community

Congregation Agudas Achim

16550 Huebner Road, San Antonio, TX 78248

Phone: 210-479-0307 * Fax: 210-444-9806

E-mail: r.arad@agudas-achim.org * Website: www.agudas-achim.org

Membership Application

Welcome to the Agudas Achim family! Your participation and active involvement is the most valuable asset to us as we hope it will become for you as well. Please complete this application and return to the above address.

Please print clearly.

Date ____/____/____ Name(s)_____

Please include titles, such as Mr., Mrs., Dr., etc., exactly as you wish to appear on roster

Home Address_____ Phone_____

City_____ State_____ Zip_____

Marital Status: Single Divorced Widowed Married, Anniversary date____/____/____

	ADULT ONE: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	ADULT TWO: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
FULL NAME (INCLUDE BIRTH NAME)		
HEBREW NAME (WRITTEN IN ENGLISH IF KNOWN)		
DATE OF BIRTH		
OCCUPATION		
NAME OF BUSINESS		
BUSINESS PHONE		
BUSINESS ADDRESS		
CELL PHONE		
EMAIL		
MILITARY	<input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired Branch_____	<input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired Branch_____
I AM A	<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael	<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael
CONVERSION (IF APPLICABLE)	Conversion Date: ____/____/____ Conversion Rabbi_____	Conversion Date: ____/____/____ Conversion Rabbi_____

Please fill in the following information as it applies to each of your children:

FULL NAME				
NICK NAME				
HEBREW NAME <small>(WRITTEN IN ENGLISH IF KNOWN)</small>				
DATE OF BIRTH				
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
GRADE				
BAR/BAT MITZVAH DATE				
SCHOOL/ OCCUPATION				
EMAIL ADDRESS				
ADDRESS <small>(IF NOT LIVING WITH YOU)</small>				
CITY/STATE/ZIP				
PHONE				

****Please attach photographs of all adult members in your household to be kept in your membership file.****

Number of years in San Antonio: _____ Came to San Antonio from: _____

Previous/Current Synagogue affiliation:

Name: _____ City: _____

Family or Friends affiliated with Congregation Agudas Achim:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

In case of emergency or death, please contact:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

To receive notification reminder of Yartzheit date(s), please list information below:

FULL NAME				
HEBREW NAME (WRITTEN IN ENGLISH IF KNOWN)				
DATE OF DEATH				
AFTER SUNDOWN?	<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
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RELATIONSHIP				

Do you own a cemetery plot? Yes No Location _____

**Your involvement is welcomed in all areas of synagogue life. Please indicate your interest below:
(Adult One, Adult Two or both)**

ADULT ONE	ADULT TWO	ADULT ONE	ADULT TWO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any other skills, experiences, areas of interest or training that may be beneficial to our synagogue:

CONGREGATION AGUDAS ACHIM DUES AND FEES

The annual commitment to Congregation Agudas Achim includes Synagogue membership for the member, his/her spouse and children, High Holy Day tickets, eligibility to enroll one's children in our Inda Posner Religious School (fees are additional), a discounted rate at our Heintz Preschool and a discounted rate on the purchase of cemetery plots in our Memorial Gardens Cemetery. Congregation Agudas Achim's fiscal year is from January—December.

All completed membership applications are submitted to the Board of Trustees for final approval. Board approval must be obtained before membership is finalized.

ANNUAL MEMBERSHIP DUES RATES

Member Household	Age 28 or younger		29 - 34		35 - 74		75+	
	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
Single	\$567	\$47	\$1,133	\$95	\$1,700	\$142	\$853	\$72
Couple	\$1,023	\$86	\$1,700	\$142	\$2,266	\$189	\$1,419	\$119
Family	\$1,133	\$95	\$2,266	\$189	\$2,723	\$228		
Single Parent w/ children	\$853	\$72	1,700	\$142	\$2,266	\$189		
Associate	\$275 for members who live outside the San Antonio area							
Dual	Fifty percent (50%) of CAA's appropriate category rate if Dual Membership is with another San Antonio congregation							

—PLEASE CIRCLE ONE—

- Annual Membership Dues.** The Annual Membership Dues structure at Congregation Agudas Achim is a flat rate based on age and member household (see chart below). Congregation Agudas Achim welcomes commitments at an enhanced level. Provisions for dues adjustment and relief will be considered in a strictly confidential manner by the Accounts Review Committee. Every member of our Congregation is asked to reassess their commitment annually.
- Dual Membership.** Fifty percent (50%) of CAA's appropriate category rate if Dual Membership is with another San Antonio congregation. Building Maintenance Fee and Security Fee will be assessed.
- Associate/Out of State Membership.** This membership category is only available to prospective members who are not residents in the San Antonio area. No Building Maintenance Fee and no Security Fee will be assessed.

Fee Name	Payment Renewal	Annual Fee
Security Fee	Yearly flat rate	\$72
Torah Restoration Fee	Yearly flat rate	\$18
Building Maintenance Fee	Prorated first year, Yearly flat rate	Up to \$270

ANNUAL MEMBERSHIP FEES —PLEASE CIRCLE ONE—

- Security Fee.** This annual fee of \$72 is used to defray the cost of safety and security at Congregation Agudas Achim. This fee does not apply to Associate members. **The Security Fee is due within 30 days of assessment.**
- Torah Restoration Fee.** This annual fee of \$18 is billable until the year 2025 for the purpose of raising funds specifically to repair and restore our 10 beautiful Torahs. **The Torah Fee is due within 30 days of assessment.**
- Building Maintenance Fee.** This annual fee, equivalent to 10% of annual membership dues per year up to \$270, is used to defray the cost of non-budgeted improvements to the building and grounds. This fee is prorated during the first year of membership and continues as a yearly flat rate every year after. This fee does not apply to Associate members. **The Building Maintenance Fee is due within 30 days of assessment.**

Enhanced Giving Society (Enhanced Dues)

Mensch	Yitzirah	Tefillah	Tikkum Olam	Mitzvot	Tzedek	Emet	Shalom
\$216	\$1,800	\$3,600	\$7,200	\$12,600	\$18,000	\$36,000	\$72,000+



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CONGREGATION AGUDAS ACHIM ANNUAL COMMITMENT

I (We) hereby apply for admission as a member of Congregation Agudas Achim, and will abide by its Constitution, By-Laws, Rules and Regulations. I (We) agree to pay the following:

	Prorated Annual	
Annual Membership Dues:	\$ _____	\$ _____
Annual Building Maintenance Fee:	\$ _____	\$ _____
Annual Security Fee:		\$ _____
Annual Torah Restoration Fee:		\$ _____
Enhanced Dues:		\$ _____
Total Annual Commitment:	\$ _____	\$ _____

Signed: _____

Date: ____/____/____

Signed: _____

Date: ____/____/____

Application Deposit: Received by _____ on _____ for \$ _____



Creating Sacred Community

Please email Completed Form to: o.hernandez@agudas-achim.org
or Fax to: 210-444-9806 Attention: Accounting

For questions concerning this form, please call: 210-479-0307

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Automatic Recurring Payment “ePay” Authorization

I, _____, authorize Congregation Agudas Achim to charge my account automatically every month. I understand that the charges may include: dues, donations, fees, school tuition (HPS and/or IPRS), cemetery plots. I understand, unless otherwise disputed, that my account will be debited for the balance due on the 1st of the month. Should I need to cancel or make changes to this authorization agreement, I understand that I need to give Congregation Agudas Achim thirty (30) days notice prior to the 1st of the month.

Please select one (1) of the following accounts to be debited and provide the information below:

_____ **eCheck (Checking/Savings) Account** _____ **Credit Card/Debit Card**

eCheck (Checking/Savings) Account

Name as it appears on my checking/savings account: _____

Bank Name: _____

Routing #: _____ Account #: _____

Credit Card/Debit Card

Name as it appears on my credit card: _____

Card #: _____ Exp. Date : _____

Verification Number: AMEX 4 Digit: _____ MC/Visa/Disc 3 Digit: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

CONFIDENTIAL INFORMATION – AUTHORIZED CAA PERSONNEL ONLY