



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
_____	Cemetery	_____	Social Action
_____	College Connection	_____	Visitation
_____	Fundraising	_____	Youth/Young Adult
_____	Heintz Preschool	_____	Participate in Services
_____	Inda Posner Religious School	_____	Read Hebrew
_____	Keruv (Interfaith)	_____	Read Torah
_____	House Committee	_____	Usher
_____	Membership	_____	Chant Haftarah
_____	Men's Club	_____	Lead a Service
_____	Sisterhood	_____	Help Make a Minyan
_____	Ritual		

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 \$ _____