



Learn, Pray and Have Fun - Together

# Congregation Agudas Achim

16550 Huebner Road, San Antonio, TX 78248

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

E-mail: j.halfant@agudas-achim.org \* Website: 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 <b>ENGLISH</b> 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				

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: \_\_\_\_\_



# 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							

**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

## ADDITIONAL MEMBERSHIP FEES

**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 \$ \_\_\_\_\_





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Please email Completed Form to: [j.halfant@agudas-achim.org](mailto:j.halfant@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 1<sup>st</sup> 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 1<sup>st</sup> 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**