

CONGREGATION Agudath Achim
7901 W. Capitol Ave., Little Rock, AR 72205
Phone: 501-225-1683 Office@Irsynagogue.org
<http://www.Irsynagogue.org/>

MEMBERSHIP & ENGAGEMENT APPLICATION

Family Last Name: _____ Date: _____

ADULT 1

Title: _____ First Name: _____ Last Name: _____

Address: Street: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

You will receive congregational emails unless you opt-out here)

Date of Birth (mm/dd/year): _____ Gender: _____ Jewish: Y N

Conversion? Y N What denomination was the conversion? _____

What Rabbi did the conversion? _____

Married Date of Marriage: _____ Single Widowed Divorced Separated

Occupation: _____ Employer: _____

Business Phone: _____ Email: _____

Hebrew Name: _____ Kohen Levi Israelite

Israelite Parent: Name: _____ Hebrew Name: _____ Living: Y N

Address: _____ Phone: _____

Parent: Name: _____ Hebrew Name: _____ Living: Y N

Address: _____ Phone: _____

Yahrzeits of Adult 1

Name of Deceased: _____ Relationship: _____

Civil Date of Death (before/ after sundown): _____ Hebrew Date of Death: _____

Name of Deceased: _____ Relationship: _____

Civil Date of Death (before/ after sundown): _____ Hebrew Date of Death: _____

Name of Deceased: _____ Relationship: _____

Civil Date of Death (before/ after sundown): _____ Hebrew Date of Death: _____

Do you own a cemetery plot: Y N If yes, please provide name and address of cemetery:

SPOUSE/SIGNIFICANT OTHER

Title: _____ First Name: _____ Last Name: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

(You will receive congregational emails unless you opt-out here)

Date of Birth (mm/day/year): _____ Gender: _____ Jewish: Y N

Conversion? Y N What denomination was the conversion? _____

What Rabbi did the conversion? _____

Married Date of Marriage: ___/___/___ Single Widowed Divorced Separated

Occupation: _____ Employer: _____

Business: Phone: _____ Email: _____

Hebrew Name: _____ Kohen Levi Israelite

Parent: Name: _____ Hebrew Name: _____ Living: Y N

Address: _____ Phone: _____

Parent: Name: _____ Hebrew Name: _____ Living: Y N

Address: _____ Phone: _____

Yahrzeits of Spouse/Significant Other

Name of Deceased: _____ Relationship: _____

Civil Date of Death (before/ after sundown): _____ Hebrew Date of Death: _____

Name of Deceased: _____ Relationship: _____

Civil Date of Death (before/ after sundown): _____ Hebrew Date of Death: _____

Name of Deceased: _____ Relationship: _____

Civil Date of Death (before/ after sundown): _____ Hebrew Date of Death: _____

Do you own a cemetery plot: Y N If yes, please provide name and address of cemetery:

OTHER INFORMATION

Are you a member of any other congregation? Y

Previous synagogue affiliation: _____

CHILDREN—All ages including those no longer living at home

1. English Name: _____ Married Married name: _____

Date of Birth (mm/dd/year): _____ Gender: _____ Jewish: Y N

Hebrew Name: _____

Current Address (if not at home): _____

2. English Name: _____ Married Married name: _____

Date of Birth (mm/dd/year): _____ Gender: _____ Jewish: Y N

Hebrew Name: _____

Current Address (if not at home): _____

3. English Name: _____ Married Married name: _____

Date of Birth (mm/dd/year): _____ Gender: _____ Jewish: Y N

Hebrew Name: _____

Current Address (if not at home): _____

In order to continue to be a vibrant, active congregation, Agudath Achim needs dedicated, involved members.

Please show your interest in activities by checking Adult 1 and/or Adult 2 for each activity of interest.

COMMITTEES

Finance	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Building/Grounds	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Religious/Ritual	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Cemetery	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Membership	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Endowment Fund	1 <input type="checkbox"/>	2 <input type="checkbox"/>

INTERESTS/VOLUNTEERISM

Chant Torah	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Chant Haftarah	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Fund Development	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Office	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Men's Club	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Sisterhood	1 <input type="checkbox"/>	2 <input type="checkbox"/>

Additional skills, interests or talents which might be of assistance to the congregation (carpentry, layout, proofreading, etc.)

MEMBERSHIP AGREEMENT

Type: Family Single Associate Young Adult

Suggested fees:

- a. Family \$1800/year
- b. Single 900/year
- c. Associate 450/year
- d. Young Adult 225/year (under 30 yo)

Building Fund: \$1000 payable over 5 years.

I/we hereby apply for membership at Congregation Agudath Achim. I/we agree that, in addition to paying the annual dues, I/we will fulfill my/our Building Fund obligations to the congregation. I/we understand that all school fees are additional.

Membership is subject to the approval of the Board of Directors. The membership committee may, at its discretion, verify prior synagogue affiliation.

I/we agree to comply with the provisions of the constitution and by-laws of Congregation Agudath Achim (available in the synagogue office and our website) and all present and future resolutions, rules and regulations, duly enacted by the Congregation and the Board of Directors.

I/we agree to pay _____ Annually ___ Semi-annually ___ Quarterly___ as my donation

Applicant Signature

Date

CAA Signature

Date