Congregation Agudath Achim

Membership Application

7901 W Capitol Ave, Little Rock, AR 72205 • 501-225-1683 • www.lrsynagogue.org

Family Name: _____ Date: _____

Home Address: _____
Street City State ZipCode

	APPLICANT #1	APPLICANT #2: (Please also use this space to include a non-Jewish Spouse/Partner)
Full Name		
Hebrew Name (if applicable)		
Date of Birth		
Home Phone No.		
Mobile Phone No.		
Email Address		
Occupation		
Tribe	☐ Kohen ☐ Levi ☐ Yisrael	☐ Kohen ☐ Levi ☐ Yisrael
Date of Marriage *(If applicable)*		
Conversion *(If applicable)* Date/Denomination/Rabbi/City		
Father's Name (English)		
Father's Name (Hebrew)	☐ Jewish	☐ Jewish
Mother's Name (English)		
Mother's Name (Hebrew)	☐ Jewish	☐ Jewish
May be included in the CAA Directory	☐ Phone ☐ Email ☐ Address	☐ Phone ☐ Email ☐ Address

CHILDREN

ENGLISH NAME	HEBREW NAME	DATE OF BIRTH	AT HOME?
			☐
			☐
			☐
			☐

YAHRTZEITS

Does your family observe yahrtzeits (anniversaries of death)? If yes, please complete the list below so that we might help you commemorate your loved ones. You may email the office with additional names at office@lrsynagogue.org.

Name of Deceased	Date of Death	Before/After Sunset	Relationship to Deceased

INVOLVEMENT & SUPPORT

In order to continue to be a vibrant, active congregation, Agudath Achim needs dedicated, involved members. Please show your interest in the activities below:

- ☐ Men's Club
- ☐ Sisterhood
- ☐ Bikkur Cholim (visit the sick)
- ☐ Chevra Kadisha
- ☐ Building & Grounds
- ☐ Religious/Ritual
- ☐ Membership
- ☐ Finance
- ☐ Office
- ☐ Technology
- ☐ Tikkun Olam

Would you like to participate in services?

☐ Chant Torah ☐ Chant Haftorah ☐ Minyans ☐ Lead Service (English or Hebrew)

Do you have any special needs that we might be able to help support?

_____

_____

_____

MEMBERSHIP LEVEL (as of January 1, 2024)

Please select a membership level below

The following membership rates have been set by our membership committee. Please feel free to contact our membership committee to discuss a reduced commitment if needed.

- ☐ **Family - $1800** (2 adults + children under 25)
- ☐ **Single - $900** (per adult)
- ☐ **Associate* - $600**
  For AR residents who wish to attend events or services but whose primary membership may be elsewhere.
- ☐ **Friend of Agudath Achim* - $450 *recommended***
  For those who live outside Arkansas.

**Associate Members and Friends of Agudath Achim do not have voting privileges at the CAA annual meeting and are ineligible to serve on the CAA board.*

How would you like to be invoiced for your membership?

☐ Annually (Jan 1) ☐ Semi-Annually (Jan 1 & July 1) ☐ Quarterly (Jan 1, Mar 1, July 1 & Oct 1)

☐ Monthly Payment (Members will not be invoiced each month. Those choosing monthly payments will be asked to create a reoccuring payment by credit card via the CAA Website.)

Would you like information to set up automatic payments? ☐ Yes ☐ No

SUSTAINING FUND

As new members, you are asked to make a pledge to the Sustaining Fund in the amount of $1000.00 to be paid over a five year period. In this way, you will help in the preservation of our Synagogue. Pledges to the Sustaining Fund will be billed annually, semi-annually or quarterly with your membership. The first installment is to be paid at the time of membership.

This payment is mandatory for all full (single/family) members and associate members.

- ☐ **One Time Payment - $1000**
- ☐ **Annually - $200** (per year for five years)
- ☐ **Semi-Annually - $100** (twice per year for five years. Jan 1 & July 1
- ☐ **Quarterly - $50** (four times per year, for five years. Jan 1, Mar 1, July 1 and Oct 1)

**Friends of Agudath Achim are not asked to contribute to the sustaining fund.*

AGREEMENT

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 all present and future resolutions, rules and regulations, duly enacted by the Congregation and the Board of Directors.

I/we hereby apply for membership at Congregation Agudath Achim. I/we agree to pay our dues each year and fulfill our obligation to the Sustaining Fund.

Applicant #1 Name: _____ Applicant #2 Name: _____

Applicant #1 Signature: _____ Date

Applicant #2 Signature: _____ Date