



# Congregation

# Agudas Achim

Date: \_\_\_\_\_

File #: \_\_\_\_\_

7300 Hart Lane ~ PO Box 28400 ~ Austin, Texas 78755 ~ Office: 512.735.8400 ~ Fax: 512.735.8401

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<http://www.caa-austin.org>

Welcome to the CAA family! Please tell us about yourself/your family so we can get to know you better. This information is for office use, and only your phone number and address is shared in the directory.

PERSONAL INFORMATION:		MEMBER A	MEMBER B
First & Last Name:			
Hebrew Name:	HEBREW OR TRANSLITERATION <input type="checkbox"/> Request a Hebrew name	HEBREW OR TRANSLITERATION <input type="checkbox"/> Request a Hebrew name	
Household Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married (date of marriage: ____/____/____) <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Partnered <input type="checkbox"/> Other		
Home Address:		City, State, Zip:	
Preferred Phone Number:	(    )	Circle: home/work/cell	(    )
Secondary Phone Number:	(    )	Circle: home/work/cell	(    )
Email Address:			
Date of Birth (mm/dd/yyyy): Before/After Sundown	-    - <input type="checkbox"/> B <input type="checkbox"/> A		-    - <input type="checkbox"/> B <input type="checkbox"/> A
Date arrived in Austin:			
Former resident of what city?			
Relatives or friends who are members of Agudas Achim			
<b>OCCUPATION INFORMATION:</b>			
Employer:			
Title/Job Function:			

RELIGIOUS BACKGROUND:		MEMBER A	MEMBER B
Jewish by:	<input type="checkbox"/> Birth <input type="checkbox"/> Conversion	<input type="checkbox"/> Birth <input type="checkbox"/> Conversion	
Religion, if not Jewish			
Date of Choosing Judaism:			
Converted by whom and where?			
Jewish tradition you were raised in or prefer:	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____	

Indicate if you are:	<input type="checkbox"/> Kohen	<input type="checkbox"/> Levi	<input type="checkbox"/> Israelite	<input type="checkbox"/> Kohen	<input type="checkbox"/> Levi	<input type="checkbox"/> Israelite
Any other congregation you are a member of:						
Most recent congregation of affiliation:						
<b>Yahrzeit Information:</b> (Information will be recorded and reminders will be sent annually)						
Name:	Family Relationship:	Date of Death:	Hebrew Date of Death:			
<b>EMERGENCY CONTACT: (NAME, PHONE #, CITY, RELATIONSHIP):</b>						
<b>CEMETERY INFORMATION:</b>						
Would you like to receive information about acquiring a burial space at Congregation Agudas Achim's traditional cemetery <input type="checkbox"/> No <input type="checkbox"/> Yes or its interfaith cemetery? <input type="checkbox"/> No <input type="checkbox"/> Yes						
<b>OTHER INFORMATION:</b> Why did you join CAA, and what do you hope to gain from your involvement?						

CHILD(REN)'S INFORMATION	CHILD #1	CHILD #2	CHILD #3	CHILD #4
First Name:				
Middle Name:				
Full Hebrew Name: (Transliteration)				
Last Name:				
Birth Date (mm/dd/yyyy):				
Before/After Sundown	<input type="checkbox"/> B <input type="checkbox"/> A	<input type="checkbox"/> B <input type="checkbox"/> A	<input type="checkbox"/> B <input type="checkbox"/> A	<input type="checkbox"/> B <input type="checkbox"/> A
Jewish by:	<input type="checkbox"/> Birth <input type="checkbox"/> Conversion	<input type="checkbox"/> Birth <input type="checkbox"/> Conversion	<input type="checkbox"/> Birth <input type="checkbox"/> Conversion	<input type="checkbox"/> Birth <input type="checkbox"/> Conversion
Religion, if not Jewish				
Date of Choosing Judaism:				
Converted by whom and where?				
<b>CHILD(REN) UNDER 18:</b>				
Name of secular/day school				
Religious school(s) previously attended:				
Will children attend the CAA Religious School?				
<b>COLLEGE AGE CHILD(REN):</b>				
Name and College Attending:				

A member of the CAA family has many opportunities for involvement in congregational life, including participation in activities and organizations which benefit congregants as well as the larger community. Please indicate members who are interested in participating or volunteering.

<b>Religious Activities</b>	Member A		Member B	
Lead Services				
Lead Youth Services				
Read Torah/Haftarah				
Attend/Lead Daily Minyan				
Festivals/Holidays				
Ritual				
North Austin Services/Chavurah				
South Austin Services/Chavurah				
<b>Adult Activities</b>				
Sisterhood				
Brotherhood				
Social Events				
Young Adults Group				
Hazak (age 55+)				
Social Action				
Jewish Adult Learning Classes:				
Adult B'nai Mitzvah				
Living Judaism/Conversion				
Shomrim/Chevra Kadisha (caring for the deceased)				
High Holy Days Ushering				
Office Help - filing, data entry, etc.				
Membership Outreach				
Financial Committee				
Building/Grounds Committee				
Technology				
Marketing				
Teach Religious School				
Lead Youth Activities				
<b>Youth Activities</b>	Child 1	Child 2	Child 3	Child 4
USY (high school)				
Kadima (middle school)				
<b>Other Special Interests or Talents:</b>				

Supporting the financial realities of our community includes:

- A. An annual financial commitment supporting our clergy, programs, services, and daily operations
  - B. A longer term investment in our *foundations* – literally and figuratively – to maintain our sacred space
- Please indicate how you will participate in the *Foundations* Fund.

Household	Individual
_ \$36/month for 5 years _ one-time payment of \$2160	_ \$18/month for 5 years _ one-time payment of \$1080

Please circle your Membership Type or Kol HaKavod Level for 5777. This dues level includes dues for both financial pieces (A&B) listed above. Note: All membership types (except Associate) receive High Holy Day (HHD) tickets to the main sanctuary service. **All membership amounts below include the 1<sup>st</sup> of 5 yearly payments that go towards the Foundation/Building Fund.**

Membership Type (age as of Aug 1, 2016)	5777 Commitment
Standard – Household (includes children <26 who are full-time students)	\$2,742
Standard – Individual	\$1,656
Senior – Household (ages 65+, includes children <26 who are full-time students)	\$1,867
Senior – Individual (ages 65+)	\$1,076
Under 30 – Individual	\$671
Under 30 – Household (includes children <26 who are full-time students)	\$1,332
30-32 – Individual	\$1,056
30-32 – Household (includes children <26 who are full-time students)	\$1,797
Associate Member** (member of another congregation listed on page 2)	\$540

Kol HaKavod Level	5777 Commitment	Benefits *
<i>Chai</i> Individual	\$2,216	1 HHD Reserved Seat or 1 Reserved Parking Space
<i>Chai</i> Household	\$3,782	2 HHD Reserved Seats or 1 Seat & 1 Reserved Parking Space
<i>Ner Tamid</i>	\$5,327	3 HHD Reserved Seats and 1 Reserved Parking Space
<i>Jerusalem</i>	\$7,382	4 HHD Reserved Seats and 1 Reserved Parking Space
<i>Magen David</i>	\$8,957	5 HHD Reserved Seats and 2 Reserved Parking Spaces and Kiddush Lunch Sponsorship
Mal'ach	\$12,432	6 HHD Reserved Seats and 2 Reserved Parking Spaces All CAA Events, Kiddush Lunch Sponsorship, and 1 High Holy Day Aliyah

\*Kol HaKavod members may trade High Holy Day reserved seats for CAARS tuition. 2 seats = Tuition for one of their own children.

If your employer provides matching donations to non-profit organizations, please list your employer's name and address here: \_\_\_\_\_

CAA encourages your membership, and no one is turned away because of financial limitations. We use a private and respectful process for Dues Variance that you can request from our Office Manager at (512) 735-8416.

Select a payment option for membership:

- One-time
- Monthly - select automatic payment method
- Quarterly - select automatic payment method

Select a payment method for membership + *Foundations*:

- Automatic bank draft (preferred option)
- Automatic credit/debit card
- Stock/wire transfer (one-time payment) - contact CAA office
- Check (one-time payment) - please mail today

**Automatic Bank Draft:**

Bank Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Routing Number (ABA/Transit): \_\_\_\_\_ Account Number: \_\_\_\_\_

Signature: \_\_\_\_\_ I (we) authorize CAA to initiate a credit entry in my (our) Bank Account as indicated above.

**Credit/Debit Card:**

MasterCard      Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Discover      Security Code: \_\_\_\_\_

Visa      Name on Card: \_\_\_\_\_ Billing Address: \_\_\_\_\_

Amex      Signature: \_\_\_\_\_ I (we) authorize CAA to charge this card as indicated.