



# CONGREGATION AGUDAT ACHIM

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## 2020-2021 APPLICATION FOR MEMBERSHIP

*We are delighted you have decided to join Congregation Agudat Achim. We ask you to complete this application so that we can understand and serve your needs.*

Preferred way for mail to be addressed \_\_\_\_\_

Street address \_\_\_\_\_

City/state/zip \_\_\_\_\_

	Adult #1	Adult #2
<b>Name</b>		
<b>Home phone</b>		
<b>Cell phone</b>		
<b>Work phone</b>		
<b>E-mail address</b>		
<b>Occupation</b>		
<b>Birthday (mm/dd/yyyy)</b>		
<b>Hebrew name –Transliterated</b> (e.g. “Zalman son of Avraham & Sarah”) <b>and, if you can, spelled in Hebrew</b>	<input type="checkbox"/> <b>Kohen</b> <input type="checkbox"/> <b>Levi</b>	<input type="checkbox"/> <b>Kohen</b> <input type="checkbox"/> <b>Levi</b>
<b>Spiritual Journey</b>	<input type="checkbox"/> <b>Jewish by birth</b> <input type="checkbox"/> <b>Jewish by choice</b>	<input type="checkbox"/> <b>Jewish by birth</b> <input type="checkbox"/> <b>Jewish by choice</b> <input type="checkbox"/> <b>I do not practice any religion</b> <input type="checkbox"/> <b>I practice _____</b>
<b>Wedding anniversary (if applicable)</b> (mm/dd/yyyy)		

**Yahrzeit Information (attach additional page as needed)**

Member's Name	Deceased's Name	Relationship to you	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

**Agudat Achim takes pride in its tradition of encouraging active participation in synagogue programming, organizational leadership, and religious ritual. The following sections will help us learn about your interests, skills, and experiences.**

Please check areas of interest	Adult #1	Adult #2	Please check areas of interest	Adult #1	Adult #2
Adult Education programs			Adult Education Committee		
Social Action programs			Social Action Committee		
Men's Club			Social Programming Committee		
Women's Network			Holiday Programming		
Adult Social Programs			Ritual Committee		
Interfaith Programs			Carrot Festival Committee		
Reyut (supports members in times of need)			Membership Committee		
Catering/Kitchen			Finance Committee		
Ushering			Cemetery Committee		
Religious School			Building & Grounds Committee		
Children's Programs			Beautification Committee		
Youth Activities – MS & HS			Senior Programs		

**Skills & Experiences**

	Adult #1	Adult #2
<b>Previous Jewish education</b> (Hebrew school, day school, high school, college)		
<b>Reading Torah</b> (please list portion(s) that you already know)		
<b>Reading Haftarah</b> (please list portion(s) that you already know)		
<b>Artistic skills</b> (singing, musical instruments, arts or crafts, etc.)		
<b>Computer skills</b> (database, Web site design, other)		
<b>Fund-raising experience</b>		
<b>Other</b>		

**Your children (if applicable, up through age 18)**

<b>Name</b>	<b>Birthday</b>	<b>Hebrew name</b> (transliterated and, if you can, spelled in Hebrew)	<b>School Grade</b>

**Please circle any activities you or your children maybe interested in:**

**Tot Shabbat    Religious School    Kadima    USY    PreK classes    Shabbat babysitting**

**Previous synagogue affiliation (if any) – List name and location**

**Adult # 1** \_\_\_\_\_

\_\_\_\_\_

**Adult # 2** \_\_\_\_\_

\_\_\_\_\_

**How did you learn about Congregation Agudat Achim?**

**Members?** \_\_\_\_\_ **If yes who?** \_\_\_\_\_

**Website?** \_\_\_\_\_ **If yes how did you find it?** \_\_\_\_\_

**Other?** \_\_\_\_\_ **If yes, who/what?** \_\_\_\_\_

**What did you like about Agudat Achim that led you to join?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Emergency Contact</b>	
<b>Name:</b>	_____
<b>Address:</b>	_____
<b>Telephone:</b>	_____ <b>Cell Phone</b> _____
<b>Relationship:</b>	_____

- Young Adult Membership (under 35 years; with Introductory Benefits)**
- Regular Membership (with Introductory Benefits)**
  - Family Membership**
  - Individual Membership**
- Associate Membership (if you currently pay full dues at another Capital District synagogue)**

**CONFIDENTIAL DUES ADJUSTMENT**

*Agudat Achim relies upon its membership dues and donations to operate its programs and facilities. If you are unable to afford our established dues schedule, we want to help you obtain a dues adjustment so that you can contribute your fair share to the support of our synagogue community.*

*Signature Adult #1* \_\_\_\_\_ *Date* \_\_\_\_\_

*Signature Adult #2* \_\_\_\_\_ *Date* \_\_\_\_\_

-----**FOR OFFICE USE**-----

**Date received** \_\_\_\_\_ **Date approved by Board of Trustees** \_\_\_\_\_

**President's signature** \_\_\_\_\_ **Membership Chair** \_\_\_\_\_

CC:  Rabbi  Membership  Director of Education and Programming  Ritual