

Congregation Agudat Achim

Membership Application Form

FAMILY NAME(S) _____ **Type of Membership Requested** (✓)
(Note: a family is any household unit with more than one member, adults or children) Family: ___ Single: ___

ADDRESS: _____ **CITY/TOWN:** _____ **ZIP:** _____

TEL: _____ **CELL:** _____

E-MAIL ADDRESS/ES: _____

JEWISH HEAD OF HOUSEHOLD Full Name (English): _____

Hebrew Name: _____ Ben/Bat: _____ V': _____
(Father's Hebrew Name) (Mother's Hebrew Name)

Birthday: _____ Bar/Bat Mitzvah Year: _____ Circle One: (KOHEN LEVI ISRAELITE)

Employer: _____ Occupation: _____

Business Address: _____ Work Phone : _____

IN CASE OF EMERGENCY CONTACT: _____

SPOUSE/PARTNER (if applicable) Full Name (English): _____

Date of Marriage: _____ Faith, (if not Jewish): _____

Hebrew Name: _____ Ben/Bat: _____ V' _____
(Father's Hebrew Name) (Mother's Hebrew Name)

Birthday: _____ Bar/Bat Mitzvah Year: _____ Circle One: (KOHEN LEVI ISRAELITE)

Employer: _____ Occupation: _____

Business Address: _____ Work Phone: _____

CHILDREN (if applicable): Note: children are under 21 years old, or a full time student living at home)

<u>ENGLISH NAME:</u>	<u>HEBREW NAME</u>	<u>DATE OF BIRTH</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous Synagogue Affiliation, (if any): _____ **Congregation Name:** _____

Circle Type: (Orthodox Conservative Reform Other) Location: _____

ADULT INTERESTS AND TALENTS:

Note: All adult members are expected to contribute at least one hour a month to our Synagogue. Please put a check (√) next to those Organizations and Committees that you would potentially like to join. The leaders for those efforts will contact you shortly, to provide you with more information.

<u>COMMITTEE NAME</u>	<u>FUNCTION</u>	<u>Member #1</u>	<u>Member #2</u>
Worship	Determines policies, schedules, and programs for the weekly and holiday services.	_____	_____
Education	Manages curriculum, schedules, and finances of the Joseph C. Foster Religious School	_____	_____
Adult Education	Coordinates continuing education programs	_____	_____
House	Plans and manages the maintenance of the Synagogue building and the Rabbi's house	_____	_____
Membership	Supports prospective new members inquiries	_____	_____
Finance	Manages policy and collection of annual Dues, Building Fund, and Endowment contributions.	_____	_____
Youth	Chaperones USY activities (shops, drives, etc.)	_____	_____
Bereavement	Supports families in mourning at times of Shiva and Yahrzeit (funerals, minyans, etc.)	_____	_____

OTHER AFFILIATED ORGANIZATIONS

Men's Club	United Federation of Jewish Men's Clubs	_____	_____
Sisterhood	Women's League of Conservative Judaism	_____	_____
Hadassah	An International Zionist support organization	_____	_____
JJC	Jewish Community Center - family camp at Spec Pond, Lancaster	_____	_____
Jewish War Veterans	Those who served in the Armed Forces	_____	_____

WORK PREFERENCES AND SKILLS (check those you are willing and able to do)

Account, Finance.....	_____	_____
Attending Minyans.....	_____	_____
Carpentry	_____	_____
Cleaning	_____	_____
Clerical Tasks -- Home (Mailings, RSVP)..	_____	_____
Clerical Tasks -- Office (Filing, Copying)..	_____	_____
Computers (Hardware, Systems Support) ..	_____	_____
Computers (Word Processing, Publicity)...	_____	_____
Cooking, Kitchen Help	_____	_____
Coordination/Chairing of Events.....	_____	_____
Driving	_____	_____
Home Visits	_____	_____
General Event Staff	_____	_____
Law, Legal Advice	_____	_____
Library	_____	_____
Leading Services	_____	_____
Reading Haftorah	_____	_____
Shopping / Errands	_____	_____
Teaching (Hebrew Subjects)	_____	_____
Teaching (Non-Hebrew Subjects)	_____	_____
Telephone Calls	_____	_____

Yahrzeit Observances:

It is our custom to remind our members of the Hebrew anniversary date for all departed love ones, so that they may observe Yahrzeit rituals. Notices are sent two weeks before these observances. The names of your departed family will be recalled during Mourner’s Kaddish on the Shabbat preceding the anniversary date.

I would like to record the following memorials for my family (attach additional sheet if necessary):

<u>English Name</u>	<u>Hebrew Name</u> (If known)	<u>Relationship</u> (include to which family member) i.e. Sarah’s father, or Herb’s sister	<u>Date of Passing</u> (M/D/Yr)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Memorial Plaques:

Bronze memorial plaques may be mounted in our Sanctuary, which are lit to recall your departed loved ones on each day of Yiskor and Yahrzeit. Arrangements to order these memorial plaque can be made through our Synagogue Office, with our secretary. (There is an expected donation of \$250 for each plaque.)

FINANCIAL OBLIGATIONS:

Annual Dues

Our congregation has a policy of not assessing dues for each member, but of asking for voluntary pledges from each member of the congregation in order to support our synagogue. We have prepared “Principles of Pledging” booklet with suggested guidelines. This booklet is attached for your information. The Financial Secretary of the Board of Trustees is available to discuss your pledge confidentially with you.

Building Fund

In order to maintain and upgrade our Synagogue building and the grounds, all new members are asked to make a voluntary contribution to our building fund. This contribution can be made payable over a number of years. The total amount and number of years should be discussed with the Financial Secretary.

MEMBERSHIP BENEFITS:

Congregation Agudat Achim prides itself in offering a friendly, family oriented environment for members of our Jewish community to connect, socially and spiritually, with their heritage. We always look forward to welcoming new members to share in our lives. Amenities provided to all of our members include:

- Shabbat and Holiday observances, including tickets for all family members to our High Holy Day Services
- Social facilities and spiritual guidance to share life cycle Simchas, and ritual celebrations
- Minyans and Yahrzeit, and Shiva observances, and bereavement support (as needed)
- Adult Education programs, including Bar / Bat Mitzvah classes **
- Tuition for all members children to the Joseph C. Foster Religious School **
- Regular Bulletins and other mailings about our active calendar of social and spiritual programs for all ages
- Access to our ever-growing lending library of Judaic materials
- Connectivity to other national and international Jewish literature, programs and organizations
- Support from all our other members, and a sense of belonging to a warm wholesome Jewish community!

** note that there are nominal registration and book fees per student

POLICIES AND PROCEDURES:

Our Congregation, as with any legally religious organization, has By-Laws through which policy decisions are established and recorded by the Board of Trustees. Copies of our By-Laws are available in the Synagogue Office, if you would like to see them. Suggestions for improvements are always welcomed by the President of our Board. Modifications to these policies are reviewed at Board meetings, and voted on by our membership, at our Synagogue Annual Meetings, usually in June. We trust that all members accept and abide by these policies.

All business transactions and most other procedures are coordinated informally through our Synagogue Office, or through a member volunteer. Our Office Secretary is available to assist members in finding any guidance or support for what ever their needs may be. We encourage all of our members to get to know our Secretary!

I hereby apply for membership in Congregation Agudat Achim, at 268 Washington Street, Leominster Massachusetts, and I agree to abide by its By-Laws, as determined by its Board of Trustees.

HEAD OF HOUSEHOLD SIGNATURE: _____ DATE: _____

This application is subject to approval from the Board of Trustees, of Congregation Agudat Achim. Please send your completed application to the Synagogue Office for processing. If you have not already spoken with our Financial Secretary, you will be contacted shortly. You will be notified upon approval, usually within four weeks.

(This section will be filled in by our Trustees, upon approval)

Dues Assessment Negotiated: _____ Date: _____
(Signature of Financial Secretary)

Membership Approved: _____ Date: _____
(Signature of President)

Membership Approved: _____ Date: _____
(Signature of Rabbi)