



Congregation

Agudas Achim

7300 Hart Lane ~ PO Box 28400 ~ Austin, Texas 78755 ~ Office: 512.735.8400 ~ Fax: 512.735.8401
millie.rosenberg@caa-austin.org <http://www.theaustinsynagogue.org>

Welcome to the CAA family! Please tell us about yourself/your family so we can get to know you better

PERSONAL INFORMATION:	MEMBER A	MEMBER B
First & Last Name:		
Hebrew Name:	HEBREW OR TRANSLITERATION	HEBREW OR TRANSLITERATION
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:
Cell Phone Number:	()	()
Home Phone Number:	()	()
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
Relatives or friends who are members of Agudas Achim		
OCCUPATION INFORMATION:		
Employer:		
Title/Job Function:		

RELIGIOUS BACKGROUND:	MEMBER A	MEMBER B
Jewish by:	<input type="checkbox"/> Birth <input type="checkbox"/> Choice	<input type="checkbox"/> Birth <input type="checkbox"/> Choice
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:		
Yahrzeit Information: (Information will be recorded and reminders will be sent annually)		

Name:	Family Relationship:	Date of Death:	Hebrew Date of Death:
Name:	Family Relationship:	Date of Death:	Hebrew Date of Death:
Name:	Family Relationship:	Date of Death:	Hebrew Date of Death:
Name:	Family Relationship:	Date of Death:	Hebrew Date of Death:
EMERGENCY CONTACT: (NAME, PHONE #, CITY, RELATIONSHIP):			
CEMETERY INFORMATION:			
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			
OTHER INFORMATION: 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"/> Choice	<input type="checkbox"/> Birth <input type="checkbox"/> Choice	<input type="checkbox"/> Birth <input type="checkbox"/> Choice	<input type="checkbox"/> Birth <input type="checkbox"/> Choice
Religion, if not Jewish				
Date of Choosing Judaism:				
Converted by whom and where?				
CHILD(REN) UNDER 18:				
Name of secular/day school				
Religious school(s) previously attended:				
Will children attend the CAA Religious School?				
COLLEGE AGE CHILD(REN):				
Name and College Attending:				

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
<input type="checkbox"/> \$36/month for 5 years <input type="checkbox"/> one-time payment of \$2160	<input type="checkbox"/> \$18/month for 5 years <input type="checkbox"/> one-time payment of \$1080

Please select your Membership Type or Kol HaKavod Level for 5782.

Note: All membership types (**except Associate**) receive High Holy Day (HHD) tickets to the main sanctuary service.

Membership Type (age as of Aug 1, 2021)	5782 Commitment
<input type="checkbox"/> Standard – Household (includes children <26 who are full-time students)	\$2,950
<input type="checkbox"/> Standard – Individual	\$1,950
<input type="checkbox"/> Senior – Household (ages 65+, includes children <26 who are full-time students)	\$1,850
<input type="checkbox"/> Senior – Individual (ages 65+)	\$1,250
<input type="checkbox"/> Under 30 – Individual	\$850
<input type="checkbox"/> Under 30 – Household (includes children <26 who are full-time students)	\$1,375
<input type="checkbox"/> 30-32 – Individual	\$1,275
<input type="checkbox"/> 30-32 – Household (includes children <26 who are full-time students)	\$1,900
<input type="checkbox"/> Associate Member**	\$613

Kol HaKavod Level	5782 Commitment	Benefits *
<input type="checkbox"/> <i>Chai</i> Individual	\$2,600	1 HHD Reserved Seat or 1 Reserved Parking Space and Brunch with Rabbi B
<input type="checkbox"/> <i>Chai</i> Household	\$4,100	2 HHD Reserved Seats or 1 Seat & 1 Reserved Parking Space and Brunch with Rabbi B
<input type="checkbox"/> <i>Ner Tamid</i>	\$5,900	3 HHD Reserved Seats and 1 Reserved Parking Space and Brunch with Rabbi B
<input type="checkbox"/> <i>Jerusalem</i>	\$8,200	4 HHD Reserved Seats and 1 Reserved Parking Space and Brunch with Rabbi B
<input type="checkbox"/> <i>Ten4Ten</i>	\$10,000	5 HHD Reserved Seats and 2 Reserved Parking Spaces, Kiddush Lunch Sponsorship and Brunch with Rabbi B

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 Accounts Manager at (512) 735-8410.

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
- Automatic credit/debit card (3% added to each charge)
- 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 (please type name if online).

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.

If you would prefer to provide Bank Draft or Credit Card information over the phone, please call Lanie Bailey at 512-735-8410.