



Congregation Agudas Achim

7300 Hart Lane | PO Box 28400 | Austin, Texas 78755 | Office: 512.735.8400

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:	TRANSLITERATION OR HEBREW	TRANSLITERATION OR HEBREW
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):		
Relatives / 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. Please indicate Before (B) or After (A) sundown for date of death.

Name:	Family Relationship:	Date of Death (B/A):	B	A
Name:	Family Relationship:	Date of Death (B/A):	B	A



Congregation Agudas Achim

Name:	Family Relationship:	Date of Death (B/A):	B	A
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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"/> Yes <input type="checkbox"/> No or its interfaith cemetery? <input type="checkbox"/> Yes <input type="checkbox"/> No				
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 (B) / After (A) Sundown	A B	A B	A B	A B
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:				



Congregation Agudas Achim

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 circle your Membership Type or Kol HaKavod Level for 5786 below.

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

MEMBERSHIP TYPE (age as of August 1, 2025)	5786 COMMITMENT
Standard – Household (includes children <26 who are full-time students)	\$3,502
Standard – Individual	\$2,324
Senior – Household (age 65+, includes children <26 who are full-time students)	\$2,223
Senior – Individual (ages 65+)	\$1,515
Associate Member	\$809

KOL HAKAVOD LEVEL	5786 COMMITMENT	BENEFITS
<i>Chai</i> Individual	\$3,116	1 HHD Reserved Seat or 1 Reserved Parking
<i>Chai</i> Household	\$4,917	2 HHD Reserved Seats or 1 Seat + 1 Reserved Parking Space
<i>Chai Senior</i> (65+)	\$2,997	2 HHD Reserved Seats or 1 Seat + 1 Reserved Parking Space
<i>Ner Tamid</i>	\$7,073	3 HHD Reserved Seats and 1 Reserved Parking Space
<i>Ner Tamid Senior</i> (65+)	\$4,322	2 HHD Reserved Seats + 1 Reserved Parking Space
<i>Jerusalem Senior</i> (65+)	\$5,995	3 HHD Reserved Seats + 1 Reserved Parking Space
<i>TEN4TEN</i>	\$10,000	5 HHD Reserved Seats + 2 Reserved Parking Spaces

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



Congregation Agudas Achim

**CAA encourages your membership, and no one is turned away because of financial limitations.
We use a private and respectful process for dues variance.
Please contact Lanie Bailey at (512)735-8410 / lanie.bailey@caa-austin.org.**

Select a payment option for membership:

One time

Monthly – select automatic payment method

Quarterly – select automatic payment method

Select a payment method:

Automatic credit/debit card (3% added to each charge). Please enter details below.

Stock/wire transfer (one-time payment) – Contact CAA accounting office for wire instructions.

Check (one-time payment) included with this form

Automatic bank draft (Once your membership application is processed; we will send you a link to set up your login for ShulCloud. If you would like to pay with bank draft/e-check, you will go through a short process to set up your bank account and authenticate the information.

Credit/Debit Card:

MasterCard	Card Number: _____	
Visa	Exp. Date: _____	Security Code: _____
Discover	Name on Card: _____	
AMEX	Billing Address: _____	

I/We authorize CAA to charge this card as indicated (sign here)_____

If you would prefer to provide credit card
information over the phone, please call
Lanie Bailey 512-735-8410.