



**AGUDAS ACHIM CONGREGATION
MEMBERSHIP INFORMATION
401 E Oakdale Blvd
Coralville, IA 52245**

Application date _____

Welcome to Agudas Achim Congregation of Iowa City/Coralville! Agudas Achim is affiliated with both the United Synagogue of Conservative Judaism (USCJ) and the Union for Reform Judaism (URJ). Please fill out this form to the extent you are comfortable. All information is confidential. Only the Rabbi and office staff will have access to this information. If you have questions, please let us know.

Personal Information

	Adult 1	Adult 2
Full Name		
Nickname/Preferred name		
Pronouns		
Gender		
Occupation		
Personal Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Hebrew Name		
Date of Birth		

Our synagogue is accessible. Please let us know if you require any accommodations.

Contact Information

How would you like your name and information to appear on synagogue mailings?

Name(s) _____

Home address _____

City _____ State _____ Zip _____

Home Phone _____ Adult 1 Cell _____ Adult 2 Cell _____

Please select a single primary family email for purposes such as donation thank you notes:

Email Adult 1 _____ Email Adult 2 _____

Directory Exclusions: Please check information you do not want us to include in our member directory

- Home Address
- Home Phone
- Cell Phone 1
- Cell Phone 2

- Email 1
- Email 2
- Pronouns
- I do not want to be listed in the Directory

Religious Background

	Adult 1	Adult 2
Current religious practice	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Jewish unaffiliated <input type="checkbox"/> Other	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Jewish unaffiliated <input type="checkbox"/> Other
Previous synagogue		
Date of conversion		

Minor Children's Information

	Child 1	Child 2	Child 3	Child 4
Full name				
Pronouns				
Gender				
Hebrew name (if known)				
Date of birth				
Will your child be attending Religious School at Agudas Achim?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please make us aware of any allergies you or your child have and any accommodations that may be required.

Emergency Contact Information

Emergency Adult Contact Name _____ Relationship _____

Phone _____ Address _____ City _____ State _____

Emergency Adult Contact Name _____ Relationship _____

Phone _____ Address _____ City _____ State _____

Doctor's Name and Phone _____ Local Hospital _____

Opportunity for Ritual Participation

We value and encourage your ritual participation in our services. Please indicate your areas of interest below.

Are you a Kohen Levi Yisrael Unknown

Please write your name next to the Ritual Participation that interests you:

- | | | |
|---|---|--|
| <input type="checkbox"/> Reading Torah | <input type="checkbox"/> Reading Haftarah | <input type="checkbox"/> Hagbah and Gelilah (lifting/dressing the Torah) |
| <input type="checkbox"/> Lighting Shabbat candles on Friday night | <input type="checkbox"/> Reading a prayer in English or Hebrew | |
| <input type="checkbox"/> Leading a section of the service | <input type="checkbox"/> Playing a musical instrument in services | |
| <input type="checkbox"/> Blowing shofar for the High Holidays | <input type="checkbox"/> Give a D'var Torah | |

Photo release

I hereby grant Agudas Achim permission to use, in perpetuity, my likeness in photographic or other form in any and all of its publications, and in any and all other media, whether now known or hereafter existing, controlled by Agudas Achim or its licensees. I hereby release Agudas Achim from any and all liability that may arise out of the use of my likeness. Yes No

I hereby grant Agudas Achim permission to use, in perpetuity, the likeness of my minor child(ren), in photographic or other form in any and all of its publications, and in any and all other media, whether now known or hereafter existing, controlled by Agudas Achim or its licensees. I hereby release Agudas Achim from any and all liability that may arise out of the use of such likeness(es). I hereby represent that I am the parent or legal guardian of such child(ren). Yes No

Adult 1 Signature _____ Date _____

Adult 2 Signature _____ Date _____

Yahrzeit Information

Please check if you'd like to receive annual reminders. Do you prefer to observe yahrzeits on the Hebrew date or secular date? Hebrew Secular Please attach a separate sheet for additional names.

Name	Family Relationship	Date of death Secular and Hebrew Date (if known)

Do you have a cemetery plot, mausoleum, crypt or niche? Yes No If yes, please give location

Talents and Interests

- | | |
|---|--------------|
| <input type="checkbox"/> Needlecrafts | Name/s _____ |
| <input type="checkbox"/> Planning Social Activities | Name/s _____ |
| <input type="checkbox"/> Planning Community Building Activities | Name/s _____ |
| <input type="checkbox"/> Music and Song | Name/s _____ |
| <input type="checkbox"/> DIY Skills | Name/s _____ |
| <input type="checkbox"/> Baking and Cooking | Name/s _____ |
| <input type="checkbox"/> Technology Skills | Name/s _____ |
| <input type="checkbox"/> Gardening | Name/s _____ |
| <input type="checkbox"/> Organizing and Archiving | Name/s _____ |
| <input type="checkbox"/> Art and Art Appreciation | Name/s _____ |
| <input type="checkbox"/> Greeting and Ushering at Services | Name/s _____ |
| <input type="checkbox"/> Additional Interests _____ | Name/s _____ |

New Member Signatures

Adult 1 Signature _____ Date _____

Adult 2 Signature _____ Date _____

Thank you so much for joining Agudas Achim Congregation. You are an important part of our Iowa City Jewish Community. If you have questions or would like to speak with Rabbi Hugenholtz or Principal Sonja Spear, please let the office know and we will help to arrange a meeting.