## Agudas Achim Membership Information

Adult 1		Adult 2		
Name:		Name:	Name:	
Hebrew Name:		Hebrew Name:		
Address:		Address:	Address:	
City:		City:		
State: Zip:		State:Zip:		
Phone:		Phone:		
Work Phone:		Work Phone:		
Email:		Email:		
Occupation:		Occupation:		
Work Address:		Work Address:		
City:		City:		
State:	Zip:	State:	Zip:	
Jewish Background		Jew	Jewish Background	
Reform	Conservative	Reform	Conservative	
Orthodox	None	Orthodox	None	

## Please complete both sides and return this form to:

Agudas Achim Congregation 401 E. Oakdale Blvd.

Coralville, IA 52241

For more information: 319-337-3813 or secretary@agudasachimic.org

## Children

Name (English).	_Birth Date:			
(Hebrew):				
Name (English):				
(Hebrew):				
Name (English):				
(Hebrew):				
Name (English):				
(Hebrew):				
Family Yahrzeit Information  Yahrzeits will be listed in the Synagogue Bulletin and you will be sent a reminder of the yahrzeit according to the Hebrew date. You may list the secular date.				
of the yahrzeit according to the Hebrew date. You	•			
of the yahrzeit according to the Hebrew date. You Name:	may list the secular date.			
Name:	may list the secular date.  Date of Death:			
	may list the secular date.  Date of Death:			
Name:	may list the secular date.  Date of Death:  Date of Death:			
Name:Relationship:	may list the secular date.  Date of Death:  Date of Death:			
Name:	may list the secular date.  Date of Death:  Date of Death:  Date of Death:			
Name:	may list the secular date.  Date of Death:  Date of Death:  Date of Death:			