

Agudas Achim Membership Information

Adult 1

Name: _____

Hebrew Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Work Phone: _____

Email: _____

Occupation: _____

Work Address: _____

City: _____

State: _____ Zip: _____

Adult 2

Name: _____

Hebrew Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Work Phone: _____

Email: _____

Occupation: _____

Work Address: _____

City: _____

State: _____ Zip: _____

Jewish Background

Reform _____ Conservative _____

Orthodox _____ None _____

Jewish Background

Reform _____ Conservative _____

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): _____ Birth Date: _____

(Hebrew): _____

Name (English): _____ Birth Date: _____

(Hebrew): _____

Name (English): _____ Birth Date: _____

(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.

Name: _____ Date of Death: _____

Relationship: _____

Name: _____ Date of Death: _____

Relationship: _____

Name: _____ Date of Death: _____

Relationship: _____

Name: _____ Date of Death: _____

Relationship: _____