



**AGUDAS ACHIM CONGREGATION
MEMBERSHIP INFORMATION**

**401 E Oakdale Blvd
Coralville, IA 52245**

Application date _____

Welcome to Agudas Achim Congregation of Iowa City/Coralville! We are delighted that you have chosen to be part of our congregation. The Agudas Achim community has come together for over 100 years to worship, study, celebrate and support one another. We hope you find membership an enriching experience and encourage you to explore the diverse opportunities for Jewish expression that Agudas Achim offers. **All information in this application will be maintained at Agudas Achim Congregation and will be treated confidentially.** Only the rabbi and office staff will have direct access to this information.

Agudas Achim is affiliated with both the United Synagogue of Conservative Judaism (USCJ) and the Union for Reform Judaism (URJ).

Personal Information

	ADULT 1 <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	ADULT 2 <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Mx. <input type="checkbox"/> Other _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Mx. <input type="checkbox"/> Other _____
Full Name		
Nickname/Preferred name		
Pronouns		
Personal Status	<input type="checkbox"/> Single <input type="checkbox"/> Married (date) _____ <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
English transliteration of Hebrew Name (if known)		
Date of Birth		
Birthplace		
Years living in Iowa City / Coralville area		
Former city and state of residence		
Our synagogue is fully accessible. Please make us aware of any special accommodations you may require.		

Contact Information

How would you like your name(s) to appear on synagogue mailings? We will do our best to accommodate your request within system capabilities.

Name(s): _____

Home address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone 1: _____ Cell Phone 2: _____

Email 1: _____ Email 2: _____

☐ I would like to receive synagogue communications via email 1. ☐ I would like to receive synagogue communications via email 2.

Please identify information NOT to be listed in our directory, which goes to members only:

☐ Home address ☐ Home phone ☐ Cell phone 1 ☐ Cell phone 2 ☐ Email 1 ☐ Email 2

Please list alternate address if relevant.

Alternate address: _____

City: _____ State: _____ Zip: _____

Religious Background

	Adult 1	Adult 2
Religious background in which you were raised	<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 _____
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 _____
Bar/Bat/Brit Mitzvah (if applicable) Date, Congregation, City		
Confirmation (if applicable) Date, Congregation, City		
If you became Jewish as an adult, list Date, Congregation, City		
Other congregation most recently or currently affiliated with		
Please list any relatives who are Agudas Achim members		

Business Information

	Adult 1	Adult 2
Occupation/Title		
Area of specialization		
Employer		
Address		
City, State, Zip		
Business Phone		
Business Email		

Yahrzeit Information

Name	Family Relationship	Date of death Secular and Hebrew Date (if known)	For Hebrew Date, Before or After Sundown

☐ Please check if you'd like to receive annual reminders. Please indicate a preference for the observance of the yahrzeits on either the Hebrew date or secular date. ☐ Hebrew ☐ Secular

Please attach a separate sheet for additional names.

Do you have a cemetery plot, mausoleum, crypt or niche? ☐ Yes ☐ No

If yes, give location: _____

Would you like to receive information about the Agudas Achim Cemetery? ☐ Yes ☐ No

Minor Children's Information

	Child 1 <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary	Child 2 <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary	Child 3 <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary	Child 4 <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary
Full name				
Pronouns				
English transliteration of Hebrew name (if known)				
Date of birth				
Grade (if applicable)				
Address (if not living with you)				
Is this child being raised in the Jewish faith?	<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
Will this 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 and/or accommodations that may be required.				
Bar/Bat/Brit Mitzvah: Date, Congregation, City				
Confirmation: Date, Congregation, City				
If previously attended Religious School, list Congregation and City				

If you have more than four children, please attach an additional page.

It is our policy to include minor children's names in our member directory.

Emergency Contact Information

Adult 1 Name: _____ Relationship: _____

Phone: _____ Address: _____ City: _____ State: _____

Adult 2 Name: _____ Relationship: _____

Phone: _____ Address: _____ City: _____ State: _____

Dr. Name & Phone: _____ Local Hospital: ☐ Mercy ☐ UIHC

Adult Children Information

	Child 1 <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary	Child 2 <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary	Child 3 <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary	Child 4 <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary
Full name				
Date of birth				
Spouse/Partner name & date of birth (if applicable)				
Address, City, State, Zip				
Phone				
Email				
Congregation affiliation (name, city, state)				

Your Affiliations

Please list community organizations of which you are a member. Please indicate if you serve on their Board of Directors and if you are or have been an officer.

Organization	Current Board Member?	Previous Board Member or officer?
	<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
	<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

More About You

At Agudas Achim, we would like to learn about your hopes, expectations, and experiences in other communities in order to serve you better:

1. What are your main reasons for joining? _____

2. Are there any particular programs, events, or experiences that you hope to have at Agudas Achim?

3. If you were affiliated at a synagogue elsewhere, what were some 'best practices' that you liked there?

4. Is there anything special you'd like us to know about your family? _____

5. If you have a non-Jewish partner (or dependents) how can we best welcome, support, and engage them?

6. Please check if you are interested in ☐ hosting and/or ☐ attending small group gatherings/dinners.
7. May our Membership Committee contact you to follow up? ☐ Yes ☐ No

Talents and Interests

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Knitting/Crocheting | <input type="checkbox"/> Baking | <input type="checkbox"/> Gardening | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Party/Dinner/Oneg Planning | <input type="checkbox"/> Cooking | <input type="checkbox"/> Organizing | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Instrumental Music | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Electrical work | <input type="checkbox"/> Tech/Computers | <input type="checkbox"/> Art | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> History/Archive | <input type="checkbox"/> Travel | <input type="checkbox"/> Greeting/Ushering | |

☐ Other _____

What are your passions? _____

What are your Interests? _____

Volunteer and Social Participation Opportunities

At Agudas Achim, we believe that joining a congregation is a spiritual and emotional commitment. We encourage all congregants to become involved in all aspects of life in our congregational community. In furthering this ideal, please indicate which of the following areas interest you by checking the appropriate box or boxes. Your participation will help strengthen the community and will make your synagogue experience more meaningful. You will be contacted by a congregation member with follow-up information.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Budget & Finance | <input type="checkbox"/> Cemetery Committee | <input type="checkbox"/> Grounds & Gardening | <input type="checkbox"/> Kitchen Committee |
| <input type="checkbox"/> Safety Committee | <input type="checkbox"/> Tech Committee | <input type="checkbox"/> Book Group | <input type="checkbox"/> Youth Group |
| <input type="checkbox"/> Seniors Group | <input type="checkbox"/> Young Families Group | <input type="checkbox"/> Yiddish Group | <input type="checkbox"/> Torah Study |
| <input type="checkbox"/> Adult Learning | <input type="checkbox"/> Library Assistance | <input type="checkbox"/> Assisting with Physical Tasks | |
| <input type="checkbox"/> Communications & Publicity | <input type="checkbox"/> Maintenance & Building Repair | <input type="checkbox"/> Assisting with Office Tasks | |
| <input type="checkbox"/> Providing Transportation | <input type="checkbox"/> Social Action & Mitzvah Projects | <input type="checkbox"/> Visiting the Sick & Bereaved | |
| <input type="checkbox"/> Religious School Activities & Projects | <input type="checkbox"/> Religious School Teaching or Assisting | | |
| <input type="checkbox"/> Support for Meals of Condolence | <input type="checkbox"/> Calling or Sending Cards for Caring Committee Support | | |
| <input type="checkbox"/> Join Intro to Judaism taught by Rabbi | <input type="checkbox"/> Taharah (ritual washing of the dead) | | |
| <input type="checkbox"/> Assist with Holiday Celebrations and/or Decoration | | | |
| <input type="checkbox"/> Group Sports Activities (please list favorites) _____ | | | |

Opportunity for Ritual Participation

At Agudas Achim Congregation, we value and encourage your ritual participation in our services as an avenue for spiritual connection and community building. Please indicate below which ritual activities you are comfortable participating in. If you would like to learn how to participate more in the worship life of the community, the Rabbi or the Ritual Committee would gladly provide you with guidance. Therefore, Agudas Achim Congregation wishes to develop a database that will include all this information. Please help us by filling out the following:

Hebrew name _____ Are you a ☐ Kohen ☐ Levi ☐ Yisrael ☐ Unknown

Please check all that you are interested in doing or learning

- | | | |
|---|---|--|
| <input type="checkbox"/> Reading Torah | <input type="checkbox"/> Reading Haftarah | <input type="checkbox"/> Hagbah and Gelilah (lifting and 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 (a talk or sermon on the Torah portion) | |

Your assistance will be greatly appreciated. Please attach a separate sheet for additional eligible members of your household.

Outreach

1. Do you know someone interested in Judaism, the Iowa City/Coralville Jewish Community or Agudas Achim Congregation?
2. Would you like to bring a friend or contact to Agudas Achim services or other social activities?
3. Would you or a friend/contact like to learn more about Agudas Achim's Introduction to Judaism program?

With their permission, please share their contact information below so that the Rabbi and/or the Membership Committee can reach out to them.

Signatures

Applicant 1: I, _____, am applying to become a member of Agudas Achim Congregation

Signature _____ Date _____

Applicant 2: I, _____, am applying to become a member of Agudas Achim Congregation

Signature _____ Date _____

Release for Use of Likeness (Photo Release)

☐ Yes I hereby grant Agudas Achim permission to use, in perpetuity, my likeness in photographic or other form
☐ No 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 I hereby grant Agudas Achim permission to use, in perpetuity, my likeness of my minor child(ren), in
☐ No 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).

Signature (Adult 1) _____ Date _____

Signature (Adult 2) _____ Date _____