



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		
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 fully 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 _____

Email Adult 1 _____ Email Adult 2 _____

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				
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.

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Reading Torah | <input type="checkbox"/> Reading Haftorah | <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"/> Playing a musical instrument in services |
| <input type="checkbox"/> Leading a section of the service | <input type="checkbox"/> Give a D'var Torah | |
| <input type="checkbox"/> Blowing shofar for the High Holidays | | |

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

- ☐ Needlecrafts
- ☐ Planning Social Activities
- ☐ Planning Community Building Activities
- ☐ Music and Song
- ☐ DIY Skills
- ☐ Baking and Cooking
- ☐ Technology Skills
- ☐ Gardening
- ☐ Organizing and Archiving
- ☐ Art and Art Appreciation
- ☐ Greeting and Ushering at Services
- ☐ Additional Interests _____

New Member Signatures

Adult 1 Signature _____ Date _____

Adult 2 Signature _____ Date _____