



# CONGREGATION AGUDATH ACHIM

SAVANNAH GEORGIA'S CONSERVATIVE SYNAGOGUE

9 Lee Boulevard • Savannah GA 31405 • 912-352-4737  
agudatha-achim.com

## Congregation Agudath Achim's

### Dues Schedule

#### For The Fiscal Year 2017 - 2018

**Family Membership** \$ 1550.00

**Single** (no children in household) \$ 960.00

**Associate Members** \$ 485.00

*(for families with full membership in another local congregation, or families living out of town over 50 Miles from Savannah)*

**New Members below age 35** (First year and until age 31) Family \$118.00  
Single \$ 60.00

**Then:**

<u>Age</u>	<u>Family</u>	<u>Single</u>
31	\$ 500	\$ 250
32	\$ 750	\$ 375
33	\$1000	\$500
34	\$1250	\$725
35	\$1550	\$960

**Donor Dues for Full Family Member** \$1650.00

**Donor Dues for Single/Associate Member** \$1000.00

**Building Fund Assessment** Family \$250.00  
Single \$160.00

Congregation Agudath Achim never denies membership to anyone due to their financial constraints. Persons needing financial consideration are encouraged to contact our Synagogue office to discuss special arrangements and payment plans. All inquiries are held in the strictest confidence.

Please update this vital information and mail or fax to 352-3477

TYPE OF MEMBERSHIP REQUESTED – Please Check One  
FAMILY  SINGLE  \*\*ASSOCIATE

MALE HEAD OF HOUSEHOLD

FEMALE HEAD OF HOUSEHOLD

First & Last Name: \_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Business Telephone: \_\_\_\_\_

\_\_\_\_\_

E-mail Address: \_\_\_\_\_

\_\_\_\_\_

Father's Hebrew Name: \_\_\_\_\_

\_\_\_\_\_

Father's English Name: \_\_\_\_\_

\_\_\_\_\_

Mother's Hebrew Name: \_\_\_\_\_

\_\_\_\_\_

Mother's English Name: \_\_\_\_\_

\_\_\_\_\_

*Please Circle One: Cohen Levi Israel*

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Do you read Hebrew? \_\_\_\_\_

Do you read Hebrew? \_\_\_\_\_

Please indicate the parts of the service that you can lead: \_\_\_\_\_

Please Indicate parts of the service that you can lead: \_\_\_\_\_

Date of Bar Mitzvah: \_\_\_\_\_

Date of Bat Mitzvah: \_\_\_\_\_

Wedding Anniversary: \_\_\_\_\_

Yahrzeits: (English Date with year / First & Last Name)

Yahrzeits: (English Date with year / First & Last Name)

Mother: \_\_\_\_\_

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Father: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Prior Synagogue affiliation and location: \_\_\_\_\_

Name of Rabbi: \_\_\_\_\_

\* **Current Synagogue Affiliation:** \_\_\_\_\_

\*\*(ASSOCIATE MUST HAVE FULL MEMBERSHIP IN ANOTHER LOCAL CONGREGATION WITH DUES AT LEAST EQUAL TO OUR DUES OR LIVE AT LEAST 50 MILES FROM SAVANNAH)

(CONTINUED ON BACK)



**Applicant Biographical Information**  
*(applies to all adult family members)*

(AA would like some personal information about our new member-families; we will publish this information, if it's okay with you, in the AA bulletin Hayom so that all AA congregants may welcome our new members.)

How long have you lived in Savannah? \_\_\_\_\_

Where did you move here from? \_\_\_\_\_

College(s) attended \_\_\_\_\_

Type(s) of business or professions \_\_\_\_\_

Number of children (if any) and where they live \_\_\_\_\_

\_\_\_\_\_

Personal interests, hobbies \_\_\_\_\_

Who do you know/are related to at AA \_\_\_\_\_

Please list any past activity in other synagogues \_\_\_\_\_

Best phone number and time to reach you \_\_\_\_\_

# BURIAL WISHES

One of the hardest decisions we have to make is “Where will my family and I be buried at the end of our lives?” Some of you have already made a decision and others may not have. Usually the first call our members make after a death is to the synagogue. Agudath Achim Synagogue has prided itself on its Chevra Kadisha and Mitzvah committees. We want to be there for you at those stressful moments. To make everyone’s life easier, we would like to collect any information that you would like to give us about your after-life arrangements. If you have a lot that you bought out of town, a contact person for funeral arrangements, or any special requests that you have, please use the space below to put them in writing.

If you have not made any future plans and would like to discuss a burial possibility in Bonaventure Cemetery or if you have any other concerns or questions please contact one of the Chevra Kadisha chairs, David Reeves and Larry Lasky, or the Executive Director, Motti Locker.

## Interment in Bonaventure Cemetery

Section \_\_\_\_\_  
Block \_\_\_\_\_  
Lot \_\_\_\_\_  
Space \_\_\_\_\_

## Interment out of Savannah GA

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

City & State \_\_\_\_\_

Name and phone number of funeral home

\_\_\_\_\_ Phone \_\_\_\_\_

Special burial position:      Section \_\_\_\_\_  
   Block \_\_\_\_\_  
   Lot \_\_\_\_\_  
   Space \_\_\_\_\_

Other comments: \_\_\_\_\_

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Please return to Agudath Achim Chevra Kadisha, 9 Lee Blvd. Savannah, GA 31405