



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 2021 - 2022

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**

HEAD OF HOUSEHOLD 1

HEAD OF HOUSEHOLD 2

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

Please Circle One: Cohen Levi Israel

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)

HEAD OF HOUSEHOLD 1

HEAD OF HOUSEHOLD 2

Signature

Signature

Hebrew Name

Hebrew Name

Please Circle Any Areas of Interest:

Ritual Committee

Ritual Committee

Adult Education

Adult Education

Youth Activities

Youth Activities

Tot Shabbat / Jr. Congregation

Tot Shabbat / Jr. Congregation

Shalom School

Shalom School

Men's Club

Sisterhood / Mitzvah Committee

Membership

Membership

Fundraising

Fundraising

Other

Other

Rabbi Recommendation _____

Date Signed: _____

CHILDREN

NAME	HEBREW NAME	DATE OF BIRTH	DATE OF BAR/BAT MITZVAH	SCHOOL ENROLLED

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 the Chevra Kadisha chair, David Reeves, 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: _____

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