



Congregation Agudas Achim Membership Application

(Office Use)
Application Date _____
Date Entered _____
Dues Category _____
Join Date _____

For over 130 years Congregation Agudas Achim has been a pillar of the Columbus Jewish community. We offer weekday, Shabbat and Yom Tov religious services, as well as a plethora of opportunities for youth and adults at all ages to explore their Jewish heritage through programs of formal and informal education. A traditional, egalitarian synagogue, we are a warm and welcoming community spanning all levels of Jewish knowledge and observance. We are sure that you will find your membership at Agudas Achim a rich and rewarding experience. Welcome to our synagogue.

Please fill out all sections of this form. Agudas Achim has a strict policy of not releasing our membership list to outside parties. All information will be treated confidentially. If you have any questions or need assistance in filling out this application, please call our office at 614-237-2747.

PERSONAL INFORMATION

	ADULT APPLICANT 1	ADULT APPLICANT 2
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____
Full Name		
Personal Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Date of Marriage		
Date of Birth		
Hebrew Name		
Mother's Hebrew Name		
Father's Hebrew Name		
Languages Spoken other than English?		
Do you read prayerbook Hebrew	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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: _____

Phone: _____ Fax: _____

Cell Phone 1: _____ Cell Phone 2: _____

Email 1 _____ Email 2 _____

- 1.) Please check your preference (one or more) for synagogue communications: ___ Phone ___ Cell ___ Email
- 2.) We often take pictures at programs to be included in synagogue publicity. Please check if you do NOT wish to be photographed.

SHUL DIRECTORY

___ I agree to have my contact information included in the synagogue directory that will be shared with the entire membership.

You may share my (check all that apply): ___ Home Address ___ Home Phone ___ Cell Phone ___ Email

___ I do not wish to have my contact information shared.

BUSINESS INFORMATION

	ADULT 1	ADULT 2
Occupation/Title		
Area of Specialization		
Business Email		
If necessary, may we contact you at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

CHILDREN LIVING AT HOME (INCLUDE THOSE AWAY AT SCHOOL – THROUGH AGE 25)

	CHILD 1	CHILD 2	CHILD 3
First & Middle Name	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Last Name			
Hebrew Name			
Date of Birth			
Email Address			
Current Grade			

(If you have more than three children, please attach an additional page.)

HELP US KEEP IN TOUCH WITH YOUR CHILDREN NOT LIVING AT HOME – AGES 25 & UP

	CHILD 1	CHILD 2	CHILD 3
Name			
Home Address			
Email			
Birth Date			
Marital Status			
# of Children			

(Please attach an additional page, if needed)

EMERGENCY CONTACT INFORMATION

Applicant 1 Name _____

Contact (other than spouse): _____ Phone _____

Applicant 2 Name _____

Contact (other than spouse): _____ Phone _____

RELIGIOUS BACKGROUND

Has any member of the household converted to Judaism? If so, please list their name(s) _____

Are any members of the household not Jewish? If so, please list their name(s) _____

Name of Rabbi _____

Synagogue or organization _____ City _____ State _____

Adult 1: Are you a _____ Kohain _____ Levi _____ Yisrael _____ bat Kohain _____ bat Levi _____ bat Yisrael?

Adult 2: Are you a _____ Kohain _____ Levi _____ Yisrael _____ bat Kohain _____ bat Levi _____ bat Yisrael?

Yahrzeit Information

It is our policy to send Yahrzeit Anniversary notices by mail in order that our members can observe the passing of family members at the prescribed time of year. **Please list any such Yahrzeits below and attach a separate sheet for additional names.**

ADULT 1

Name	Relationship	Date of Death (English)	Date of Death (Hebrew)	Time of Death (Day or Evening)

ADULT 2

Name	Relationship	Date of Death (English)	Date of Death (Hebrew)	Time of Death (Day or Evening)

Yahrzeit Minyan

Agudas Achim has a daily morning Minyan and schedules evening Minyan Services to coincide with a Yahrzeit on which a synagogue member is expected to recite the Mourner's Kaddish prayer. This approach honors the correct Yahrzeit date while affording members the opportunity to attend Minyan specifically when their presence is most crucial to enabling a fellow community member to recite the Kaddish.

According to our tradition, being a good neighbor includes helping to make a Minyan at shul (Berachot 8a).

May we contact you to help make a Minyan? Morning Yes No Evening Yes No

I would like information about purchasing a memorial plaque at Agudas Achim

Cemetery Information

Congregation Agudas Achim maintains a cemetery on Performance Parkway.

Do you currently own a cemetery plot? Yes No

If no, would you like information about acquiring a burial space in our cemetery? Yes No

Talents and Areas of Interest – Something for Everyone!

At Congregation Agudas Achim, we encourage and welcome all congregants to become involved in our synagogue community. Participating in congregational life not only helps the synagogue but makes your synagogue experience more meaningful. Please write the name(s) of household members next to their area(s) of interest.

Cooking/Baking _____

Youth Programs _____

Gardening _____

School Age Programs _____

Teaching Adult Education _____

Religious School _____

Reading/Book Club _____

Babysitting for Special Events
(High School Age & Up) _____

Community Service/Social Action _____

Women's Group _____

Educational Programs _____

Brotherhood _____

Chevra Kadisha (Burial Society) _____

Other _____

Ritual Skills/Participation in
Services/Torah/Haftorah _____

Signature of Adult 1

Date

Signature of Adult 2

Date

Signature of Membership/Volunteer Coordinator

Date

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Website: www.agudasachim.org
Facebook: <https://www.facebook.com/pages/Congregation-Agudas-Achim-Bexley-Ohio/297606316443>