



AMERICAN CONFERENCE OF CANTORS
 1375 Remington Road, Suite M, Schaumburg, IL 60173-4844
 ph: 847-781-7800 fax: 847-781-7801

MEMBERSHIP DUES INVOICE 5783 (2022–2023)

Please make all checks payable to: **AMERICAN CONFERENCE OF CANTORS**
 Please mail your completed form and checks to the ACC office at the address listed above

PAYABLE BETWEEN AUGUST 1 and OCTOBER 31. LATE FEES OF 10% ARE CHARGED NOVEMBER 1.

Members are subject to suspension if dues are not paid by **December 31**, unless prior arrangements are made with the Treasurer.

Name of Cantor: _____ **Phone:** _____

Congregation/Primary Employer: _____

Position (check all that apply): Full-time Cantor Limited Service Cantor Part-time Cantor Rabbi Educator Administrator
 Chaplain Retired Emeritus/Emerita Other (please specify) _____

Name & Phone of Person Completing this Form (if not Cantor): _____

MEMBERSHIP DUES

Your Total Annual Salary and Parsonage \$ _____

See the ACC website for definitions of categories:

_____ **Regular Member (including non-pulpit cantorial work)** \$ _____

- 1.95% of total salary and parsonage, for those earning \$150,000 and above
- 1.85% of total salary and parsonage, for those earning from \$100,000–\$149,999
- 1.75% of total salary and parsonage, for those earning from \$75,000–\$99,999
- 1.45% of total salary and parsonage, for those earning from \$50,000–\$74,999
- 1.20% of total salary and parsonage, for those earning up to \$49,999 (minimum dues \$110)

_____ **Associate Member** \$ _____

- 0.825% of total salary and parsonage, or \$350, whichever is greater

_____ **ACC/CA Dual Member** \$ _____

- \$275.00, if serving a conservative congregation **and** paying full CA dues (please attach documentation)

_____ **Retired Member** \$ _____

- \$82.50

_____ **Sustaining Member** \$ _____

- \$110.00

_____ **10% late fee (if paid after October 31)** + \$ _____

DUES REDUCTION FOR CCAR/ARJE/NATA/NAJC MEMBERS

ACC dues may be reduced by the amount paid to an Affiliate Organization (listed below) but may not be less than \$275. **Please attach documentation of affiliate membership.**

Subtract
-\$ _____

Please check one: CCAR ARJE NATA NAJC

TOTAL DUES: \$ _____

ADDITIONAL DONATIONS

- _____ Enhanced Dues Contribution (\$360 minimum for website listing) + \$ _____
- _____ Friends of Transcontinental Music + \$ _____
- _____ Chesed Fund + \$ _____
- _____ ARZA Clergy Membership + \$ 50.00

TOTAL AMOUNT ENCLOSED: \$ _____

As a member of the ACC I understand and acknowledge that it is my responsibility to read, understand and abide by, the ACC's governing documents. All of the ACC's governing documents may be found at www.accantors.org or by calling the ACC office.

Initial here: _____

I wish to pay electronically and have visited the ACC Website to complete my payment

ACC Directory/Database Information

Please check here and fill out the form below if new personal/work contact information is being provided.

Title _____

First _____ Middle _____ Last _____

Personal Contact Information:

Home Address _____ City _____

State/Province _____ Zip/Post Code _____ Country _____

Home Phone _____ Cell Phone _____ Spouse: _____

Do you want your personal information to be published in our directory? Yes No

Primary Email Address _____

(This will be the email address used for all ACC correspondence)

Employment Information:

Work Status: Full time Part time Limited service In placement Unemployed Retired Emeritus/a

Other _____

Employer Name _____

Congregation Affiliation (if applicable) URJ Other _____

Address _____ City _____

State/Province _____ Zip/Post Code _____ Country _____

Work Email _____

Phone _____ Ext. _____ Fax _____

Other Information:

School/Date Invested/Ordained _____ Date of ordination/certification _____

Other Titles You Hold (include school/date of ordination or degree award):

Rabbi _____

Doctor _____ Other _____

Please send all correspondence to my: Home address Work address

For participants in the ACC Retirement Plan only:

Do you want your contact information to be updated with Fidelity Investments? Yes No

For participants in any of the ACC Group Insurance Benefit plans:

Please contact Group Benefit Associates (GBA) directly with any change of address, contact information, salary or beneficiary update information at 800-450-1271 or via email, CustomerService@groupba.com.

For Office Use Only:

CW _____ WEB _____ DIR _____ CK#/CC _____ Other Notes _____