



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

MEMBERSHIP DUES INVOICE 5779 (2018-2019)

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

Name of Cantor: _____ Phone: _____

Congregation/Primary Employer: _____

Please check here if new personal/work contact information is being provided on the back side of this form.

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 listed above)

MEMBERSHIP DUES Please return a copy of this form whether you pay online or by mail. The ACC recommends you review our Guidelines for Discretionary Fund Usage and discuss your synagogue's policies before deciding upon using discretionary funds for the payment of your ACC dues.

Total Annual Salary and Parsonage (See the ACC website for definitions of categories)	\$ _____
_____ Regular Member (includes non-pulpit cantorial work). My dues are:	
<input type="checkbox"/> 1.95% of total salary and parsonage, for those earning \$150,000 and above	\$ _____
<input type="checkbox"/> 1.85% of total salary and parsonage, for those earning from \$100,000-\$149,999	
<input type="checkbox"/> 1.75% of total salary and parsonage, for those earning from \$75,000-\$99,999	
<input type="checkbox"/> 1.45% of total salary and parsonage, for those earning from \$50,000-\$74,999	
<input type="checkbox"/> 1.20% of total salary and parsonage, for those earning up to \$49,999 (but no less than the dues for a sustaining member)	\$ _____
_____ Associate Member	
<input type="checkbox"/> 0.825% of total salary and parsonage, or \$350, whichever is greater	\$ _____
_____ ACC/CA Dual Member	
<input type="checkbox"/> \$275.00, if serving a conservative congregation and paying full CA dues (please attach documentation)	\$ _____
_____ Retired Member	
<input type="checkbox"/> \$82.50	\$ _____
_____ Sustaining Member	
<input type="checkbox"/> \$110.00	Initial here:
<i>I understand and acknowledge that, as a member of the ACC, I am bound by, and 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.</i>	

_____ **10% late fee (if paid after October 31, 2017)** + \$ _____

DUES REDUCTION for ACC members in all categories who are full, dues-paying members in good standing of the (please check one) <input type="checkbox"/> CCAR <input type="checkbox"/> ARJE <input type="checkbox"/> NATA <input type="checkbox"/> NAJC ACC dues may be reduced by the amount paid to another Affiliated Organization (above) but may not be less than dues of a Dual ACC/CA Member. (i.e.: ACC full dues minus ARJE dues equals New ACC Dues Amount: \$1,750 - \$600 = \$1,150 new ACC dues) Documentation must be provided.	(Affiliate Member Reduction) -\$ _____
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:	\$ _____

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

PAYMENT IS DUE UPON RECEIPT. Members who fail to pay their dues **by October 31 must pay an additional late fee of 10% of the dues owed** and are subject to suspension if not paid by December 31, unless prior arrangements are made with the Treasurer.

Please make **ALL checks payable to: AMERICAN CONFERENCE OF CANTORS.** Please mail your completed form and checks to the ACC Office at: 1375 Remington Road, Suite M, Schaumburg, IL 60173-4844. Remittance should be in U.S. dollars. Thank you. OVER

ACC Directory/Database Information

Please check here if new personal/work contact information is being provided. No need to fill out if nothing has changed!

Title _____ First _____ Middle _____ Last _____

Personal Contact Information:

Home Address _____ City _____

State/Province _____ Zip _____ Country _____

Home Phone _____ Cell Phone _____ Spouse: _____

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

Work Information/Primary Employer:

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 _____ Country _____

Phone _____ Ext. _____ Fax _____

Other Information:

Primary Email Address _____

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

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

Other Titles You Hold: Rabbi School/Date of Ordination _____

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 _____