



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

## MEMBERSHIP DUES INVOICE 5781 (2020–2021)

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](http://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

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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

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### 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](mailto:CustomerService@groupba.com).

For Office Use Only:

CW \_\_\_\_\_ WEB \_\_\_\_\_ DIR \_\_\_\_\_ CK#/CC \_\_\_\_\_ Other Notes \_\_\_\_\_