

ב"ד
איגוד הרבנים דאמריקא
Rabbinical Alliance of America

305 Church Avenue, P.O. Box 190234, Brooklyn, New York 11218 U.S.A.
 Tel. 718-532-8720 Email: Rabbi@Igud.us

<i>Av Beth Din</i> Rabbi Herschel Kurzrock <i>Rosh Beth Din</i> Rabbi Dov Aaron Brisman <i>Menahel Beth Din</i> Rabbi Chaim Komendant	<i>Presidium</i> Rabbi Hanania Elbaz Rabbi Yehoshua S. Hecht Rabbi Yaakov Klass Rabbi Yaakov Spivak <i>Honorary President</i> Rabbi Shamarya Shulman	<i>Executive Vice-President</i> Rabbi Mendy Mirocznik <i>Director</i> Rabbi Moish Schmerler
--	--	--

MEMBERSHIP APPLICATION

General Information:

NAME _____ Hebrew Name _____
 Wife's Name _____ Wife's Hebrew Name _____
 Address _____ Age _____
 City _____ State _____ Zip _____
 Telephone: (home) _____ (study) _____ (Cellular) _____
 Email: _____
 Name of Synagogue or Organization _____
 Hebrew Name _____
 Address _____
 Yeshiva Graduated _____ Secular Education _____ Semicha _____

Copy of Your Semicha Must be Attached with this Application

Synagogue Practice:

1. Seating: Gallery _____ Mechitza _____ Separate Seating _____
2. Is a microphone used by you or the cantor? Yes _____ No _____
3. What Siddur & Machzor do you use for various services ? _____
 Please describe: _____
4. Do you conduct any Friday evening program or youth program? If so please describe:

5. Does your congregation have a Talmud Torah? Name _____
 Address _____
6. What groups are affiliated with your congregation? _____
 Mens Group _____ Sisterhood _____ Ladies Auxiliary _____
7. Is your synagogue affiliated with any National Synagogue Organization ? _____
 If yes, please provide name _____
8. Is there a Vaad Hakashruth in your City ? _____
 Are you active in this group ? _____
9. Is there a Mikvah in your community? _____ Address _____

Date: _____ Siganture: _____

Please answer all questions fully. Use additional pages if necessary. Please return together with a copy of your Semicha and a check for \$125.00, refundable is not accepted by the Membership Committee.