



RABBINICAL ALLIANCE OF AMERICA  
איגוד הרבנים ד'אמריקא

## 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 &amp; 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: \_\_\_\_\_

Signature: \_\_\_\_\_

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.