בס"ד

RAA אגוד

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. What Siddur & Machzor do you use for various services? _____
   Please describe: _____
3. Do you conduct any Friday evening program or youth program? If so please describe: _____
4. Does your congregation have a Talmud Torah? Name _____
   Address _____
5. What groups are affiliated with your congregation? _____
   Mens Group _____ Sisterhood _____ Ladies Auxiliary _____
6. Is your synagogue affiliated with any National Synagogue Organization ? ____
   If yes, please provide name _____
7. Is there a Vaad Hakashruth in your City ? _____
   Are you active in this group ? _____
8. 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.

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