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MEMBERSHIP APPLICATION

Please print clearly

Date: _____

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Initial _____

First and Last Hebrew Name _____

Title: Mr. _____ Mrs. _____ Ms. _____ Dr. _____ Rabbi _____ Cantor _____ Other: _____

Home Address _____
Number & Street City State Zip

Home Phone (____) _____ Home Fax (____) _____

Home E-Mail _____ Cell Phone (____) _____

Date of Birth ____/____/____ Marital Status _____

Spouse/Partner Name _____ Number of Children _____

CURRENT WORK INFORMATION

Organization/Synagogue/School _____

Position/Title _____

Work Address _____
Number & Street City State Zip

Work Phone (____) _____ Work Fax (____) _____ Work E-Mail _____

I work in the following educational setting(s): *(check all that apply)*

____ Family Education

____ Early Childhood

____ Summer Camp

____ Day School

____ Bureau or Agency

____ Informal Education

____ Congregational School

____ Academic

____ Other _____

Number of years in this position _____

Is the institution affiliated with the Conservative Movement? _____

Duties Include : _____

If working in a school, please indicate:

Number of hours the school meets each week: _____

Total number of students in the school: _____

If you hold an administrative position, number of professionals you supervise: _____

PREVIOUS ADMINISTRATIVE EXPERIENCE

If you have served previously in administrative positions, please list the last two schools/agencies in which you served as administrator:

School/Agency _____

Address _____
City State Zip

Position/Title _____

Number of Teachers _____ Number of Students _____ Dates _____

School/Agency _____

Address _____
City State Zip

Position/Title _____

Number of Teachers _____ Number of Students _____ Dates _____

EDUCATIONAL INFORMATION

Undergraduate degree from an accredited college or university:

Name of School _____ Degree _____ Year _____

Address _____
City State Zip

Additional academic degrees:

Name of School _____ Degree _____ Year _____

Address _____
City State Zip

Name of School _____ Degree _____ Year _____

Address _____
City State Zip

JEWISH EDUCATION

Undergraduate courses (and school) in Jewish Studies: _____

Graduate courses (and school) in Jewish Studies: _____

If you are a graduate of a formal teacher-training program, please indicate:

Name of School _____ Degree _____ Year _____

Address _____
City State Zip

Other relevant Hebrew/Jewish training programs and seminars in which you have participated:

CERTIFICATION

If you hold a permanent Hebrew Teacher’s license, please indicate:

Issuing Agency _____ License # _____ Date ___/___/___

If you hold a Principal’s license, please indicate:

Issuing Agency _____ License # _____ Date ___/___/___

REFERENCES

Please supply the names of two JEA members or other Jewish professionals with whom you have worked, who may be contacted for reference information.

Name _____ Position _____

Address _____

Daytime Phone (____) _____ Relationship _____
City State Zip

Name _____ Position _____

Address _____

Daytime Phone (____) _____ Relationship _____
City State Zip

Please check ONE box on each line:

I would like JEA snail mail to be sent to: my Home Work Address.

I would like JEA e-mail to be sent to: my Home Work E-mail Address.

All applications for membership must be accompanied by the first year's dues. No application will be presented to the Executive Board by the Membership Committee without this dues payment. (If for any reason your membership application is declined, this payment will be refunded to you.) Your check, in U.S. dollars, should be made payable to the Jewish Educators Assembly.

All claims of academic degrees, diplomas, credits, or licensing must be substantiated by photocopies of appropriate documents including transcripts of courses required to meet certain membership requirements. Please attach copies to the application form. No action will be taken until we review and verify your documentation.

Applicant's Signature _____

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FOR OFFICE USE ONLY

Application Received _____ Documentation Completed _____

Fee Received _____ Amount _____ Check # _____

Referred to Membership Chair _____

Action:

___ General Membership ___ Student ___ Israeli ___ Retiree ___ Teacher ___ Early Childhood

___ Academic ___ Supporting

Date _____ Welcome Kit _____ Certificate _____