

Application for Membership in the
American Board of Rabbis
Vaad HaRabonim of America, Inc.
276 5th Avenue, Suite 704
New York, N.Y. 10001
Tel. (212) 714-3598

ט"ס

Membership Application and updated member profile . Type or print use additional pages if needed name:

Name: _____

Home address: _____

City: _____ State: _____ Zip: _____

Res. Phone: _____ Study/Office: _____ Mobile: _____ Fax: _____

Birth date: _____ Birthplace: _____ Country: _____ age: _____

Position: _____ Title: _____

Location: _____ Dates: _____

Position: _____ Title: _____

Location: _____ Dates: _____

Position: _____ Title: _____

Location: _____ Dates: _____

List Private or Organizational Kashrus Affiliations: _____

Congregation Has: A Daf Yomi Shiur: _____ Sisterhood: _____ Youth Groups: _____

Other Educational Programs: _____

If Not presently in A Pulpit, Which Minyan Do You Attend: _____

Are You a Member? _____

Torah Education: Yeshivas Attended:

Name / Location: _____ Dates: _____

Name / Location: _____ Dates: _____

Name / Location: _____ Dates: _____

Initials: _____

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Name / Location: _____ Dates: _____

Semicha: _____ Date: _____

Secular Education: Secular Institutions: List the Most Recent First

School, From, To: _____

School, Degree, Years: _____

School, Degree, Years: _____

School, Degree, Years: _____

Highest Degree Earned: _____ School: _____ Date: _____

If Holocaust Survivor, Where Were You During WWII? _____

Father's Full Name (English): _____

Father's Full Name (Hebrew): _____

Mother's Full Name (English): _____

Mother's Full Name (Hebrew): _____

Mother's Maiden Name: _____

Wife's Name: _____ Maiden Name: _____

Divorced: _____ Get issued by: _____ Date: _____

Children's Names (On Birth Certificate and Hebrew, Married Name and Spouse's Full Name):

Seforim / Articles (in English or other language) authored or edited: _____ year: _____

Initials: _____

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List Other Rabbinical Organizational Memberships:

Affiliations (Organizations, Local, National, and International):

List Language(s) Fluent In: _____

Include: Copy of Semicha, three recent (facial) photos, and \$360.00 annual membership fee

Signature: _____ Date: _____

FOR OFFICE USE ONLY (DO NOT WRITE BELOW)

Approved By: _____ Date: _____

Approved By: _____ Date: _____

Approved By: _____ Date: _____

Office Elected or Appointed To: _____

Annual Membership cards will be issued to all paid up members

Initials: _____

AMERICAN BOARD OF RABBIS VAAD HARABANIM OF AMERICA

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בבקשה נא לכתוב בכתיבה ברורה מאד

שם _____ ב"ר _____

שם המשפחה _____

תאריך יום הולדת _____ עיר ומדינת מולדתו _____

מספר השנים

באיזו ישיבה למד וכמה זמן

(א) _____

(ב) _____

(ג) _____

(ד) _____

באיזה שנה נסמך להוראה _____

על ידי איזה רבנים או מוסד התורה נסמך

(א) _____

(ב) _____

(ג) _____

האם מכהן עתה ברבנות, ושם הקהילה _____

הכתובת _____

אם אינו מכהן ברבנות, באיזה משרה אחרת של כלי קודש הוא משמש _____

אני מבקש בזה להכנס בתור חבר

יום _____ לחדש _____ שנה _____

החתימה _____