



Membership Application

Personal Information

First, Middle, Last Name: _____
Hebrew Name [*Ploni ben Almoni (ha'kohen/ha'levi) le'Mishpachat*]: _____

Date of Birth: _____

Countries of Birth and Current Citizenship: _____

Family Information

Marital Status: _____ Wife's Name: _____

Names and ages of children, if any: _____

Contact Information

Address: _____

Email: _____

Telephone: _____

Cell: _____

Wife's email: _____

General Education

High School, and Year of Graduation: _____

Post High School Institutions Attended	From/Until	Degrees Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Torah Education

Post High School Yeshivot Attended	From/Until	City
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Semicha Information

Please review the details of the RCA's semicha requirements, including current lists of approved yeshivot and private masmichim, at www.rabbis.org/joinRCA.cfm. Please contact Rabbi Barry Kornblau (bkornblau@rabbis.org; 212 807 9000, x4) with any questions.

List major semicha examinations you took (or will take) and passed:

Select among the following:

I have semicha from a yeshiva

Yeshiva name: _____

Date semicha received or anticipated: _____

Semicha signature(s): _____

If not RCA-approved, yeshiva contact information: _____

I have semicha from the Chief Rabbinate of Israel

Yeshiva which prepared you: _____

City: _____

From – until: _____

Date semicha received or anticipated: _____

I have two private semichas

Name of **masmich #1**: _____

Date semicha received or anticipated: _____

If not RCA-approved, masmich contact information: _____

Name of **masmich #2**: _____

Date semicha received or anticipated: _____

If not RCA-approved, masmich contact information: _____

Areas of Rabbinic Activity

There are many areas of rabbinic professional activity: congregational, chinuch, organizational, academia, health care and/or military chaplaincy, kashruth, kiruv, and others. Please indicate your present and/or intended areas of rabbinic activity:

Employment History

Name of current employer, if any: _____

Address: _____

Telephone number: _____

National organizations with which it is affiliated: _____

Your position there, and the date you started: _____

If you are presently employed elsewhere, please supply similar information:

If you were employed previously, please supply similar information:

Special achievements, awards, or works published:

Additional Application Requirements

In order to avoid unnecessary delay in approving your application, please note that **we will process this application only after we receive all** of the following items:

From you:

- 1) A recent **photograph** of yourself.
- 2) A copy of each **semicha document** described above.
- 3) A non-refundable **\$50** application processing fee, to be applied to dues if you are accepted. *If you are a final year semicha student seeking admission prior to passing your final bechina, we require payment of **\$150**, your first year of membership dues, of which \$100 will be returned if your application is not accepted. Please remit payment through [PayPal](#). If that is not possible, please send a check payable to "RCA" to the address below.*

From others:

- 1, 2, and 3) Three rabbinic character **references**, preferably (but not necessarily) provided by current RCA members. Please send each referring rabbi the [RCA's recommendation form](#).
- 4) *If you are applying on the basis of private semichot: **letter(s)** from the rosh(ei) yeshiva at the yeshiva(s) where you learned and who trained you to function as a rav u'moreh hora'ah prior to receiving your semichot, indicating the duration of your study in his yeshiva and your course of study there.*

NOTE: It is **your responsibility** to ensure that we receive each of these items, **including those to be submitted by others**. All items, including this application form, should be submitted by email (bkornblau@rabbis.org). If this is not possible, then fax (212 727 8452) and regular mail (Rabbinical Council of America, 305 7th Avenue, 12th Floor, New York, NY, 10001) are acceptable.

Annual Membership Dues

Please check the category that applies to you. Once your application is approved, you will be sent a bill for prorated dues for the current year.

- | | |
|--|--|
| <input type="checkbox"/> Regular Membership | \$500.00 (If paid by Dec. 31 st , \$425.00) |
| <input type="checkbox"/> Affiliate Membership | \$500.00 (If paid by Dec. 31 st , \$425.00) |
| An RCA Affiliate Member is a rabbi who is not employed in the rabbinate or an allied field. He receives all benefits of RCA membership except that he may not attend RCA Executive Committee meetings, hold any RCA office, or vote on any RCA matter. | |
| <input type="checkbox"/> Introductory rate for 1 st year post-semicha students | \$150.00 |
| <input type="checkbox"/> Israel Resident RCA Membership | \$125.00 (If paid by Dec. 31 st , \$100.00) |
| <input type="checkbox"/> Membership in Israel Region of the RCA | NIS 100 |
| RCA Israel Region Members dues are payable directly to the RCA Israel Region office, and entitle one only to no-cost electronic benefits (website access and emails) but not Tradition, placement services, professional guidance, pension, mailings, etc. | |
| <input type="checkbox"/> Retiree Membership | \$150.00 (If paid by Dec. 31 st , \$125.00) |

RCA policy is not to deny membership privileges in cases of financial hardship.

- Please contact me because I would like to take advantage of this policy.

Affirmation Regarding Messianic Belief

By checking this box and with my signature below, I affirm that the following resolution, adopted at the RCA's 1996 Annual Convention, reflects my beliefs: "In light of disturbing developments which have recently arisen in the Jewish community, the Rabbinical Council of America in convention assembled declares that there is not and never has been a place in Judaism for the belief that *Mashiach ben David* will begin his Messianic mission only to experience death, burial and resurrection before completing it."

Signature

I wish to apply for membership in the Rabbinical Council of America. I have reviewed the RCA's Constitution and By-Laws (available at www.rabbis.org/pdfs/Constitution.pdf or by calling the RCA office, 212 807 9000), and agree to abide by them.

Signature: _____

If you are submitting this application by email, then type your name above.
Submitting this form from your email account will constitute your signature.

Date: _____