



IFR MEMBERSHIP APPLICATION

Return this completed application form, along with a photocopy of your certificate of ordination; requested transcripts/certification letter, two letters of sponsorship, signed affirmation statement and a \$100.00 check payable to International Federation of Rabbis.

You will be contacted after your application has been reviewed.

Personal Information

First Name:

Last Name:

Full Hebrew Name:

Home Address:

City: State: Zip:

Home Phone:

Work Phone: Cell Phone: Fax:

Email:

Date of Birth:

Current Congregation or employment

Congregation Affiliation:

Address:

City: State: Zip:

Educational Background, degrees and years:

School

Major

Degree

Year(s)

Theological/Rabbinical Education:

Year

Smeicha /Certificate of Ordination:

Year:

Other Rabbinical and Professional Affiliations:

Names of two rabbis (who did not ordain you, or were ordained with you) or two Jewish career professionals who will provide letters of reference.

Send completed form and documentation to:

Rabbi Suzanne H Carter

5091 Washington Road

Delray Beach, Florida 33484
