



The
**Association of
Reform Jewish Educators**

Since 1955

633 Third Avenue | New York, NY 10017-6778

Return this Application to:

ARJE

633 Third Avenue, 7th Floor, New York, NY 10017-6778

Phone: 212.452.6510 Fax: 212.452.6512

Email: office@reformeducators.org

| | | |
|--|--------------------------------|-----------|
| Name (incl. middle initial): | | Nickname: |
| Title (Please check appropriate designation): Cantor <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Rabbi <input type="checkbox"/> | | |
| Birthdate: | Name of Spouse (Optional): | |
| Position Title: | | |
| Institution Name: | | |
| Institution Address: | | |
| | | |
| Institution Phone: | Personal Office Phone or Ext.: | |
| Primary Email (to be associated with your ARJE profile): | | |
| Preferred Mailing Address: Institution <input type="checkbox"/> Residence <input type="checkbox"/> | | |
| Nbr of Years at Present Institution: | Nbr of Years in Jewish Ed.: | |
| Nbr of Years in Supervisory Position in Field of Jewish Education: | | |
| Person(s) Referring You to ARJE: | | |
| Residence Address: | | |
| Residence Phone: | Mobile Phone: | |
| Alternate/Secondary Email: | | |
| Facebook Name: | Twitter Handle: | |

Please attach a resume or list all relevant positions and years held.

List ALL positions held, religious and secular, starting with the PRESENT one.

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|-------------------------|------------------------------------|------------------------------------|-----------|
| 1. Name of Institution: | | | |
| Location: | Position: | | |
| Dates of Employment: | Full-time <input type="checkbox"/> | Part-time <input type="checkbox"/> | Movement: |
| 2. Name of Institution: | | | |
| Location: | Position: | | |
| Dates of Employment: | Full-time <input type="checkbox"/> | Part-time <input type="checkbox"/> | Movement: |
| 3. Name of Institution: | | | |
| Location: | Position: | | |
| Dates of Employment: | Full-time <input type="checkbox"/> | Part-time <input type="checkbox"/> | Movement: |
| 4. Name of Institution: | | | |
| Location: | Position: | | |
| Dates of Employment: | Full-time <input type="checkbox"/> | Part-time <input type="checkbox"/> | Movement: |

— Please do not abbreviate —

SECULAR AND JEWISH EDUCATION

| School & Location | Degree/Certificate/ Credential | Which Years Attended | Field (Major) |
|-------------------|-----------------------------------|----------------------------|---------------|
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Past or Present Membership in Professional Organizations:

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HineiNew Program: The goal of this program is to connect new ARJE members to each other and help integrate you into our professional organization. The structure of the program involves 3 video conference calls which will focus on fostering community, learning, and exploring the ARJE together.

HineiNEW will help you as an educator to:

- 1) Expand your network
- 2) Build relationships with colleagues
- 3) Grow as an educator
- 4) Explore the value of being an ARJE member

Please Check One:

- Yes, I am interested. Please contact me about joining the next cohort.
- No, I am not interested at this time.

Why are you interested in joining the ARJE and what do you hope to gain from your membership?

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How do you support the mission and values of the ARJE? (<https://reformeducators.org/about/mission/>)

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Signature: _____ Date: _____

So that your application may be properly and promptly processed, please return it fully completed to the address below, along with a completed [Dues Calculation Form](#) and a check for your initial dues payment.

During this period of transition, please make all checks payable to:
NATIONAL ASSOCIATION OF TEMPLE EDUCATORS (full name)

OR

Pay your dues online using the [ARJE Online Dues Submission Form](#) and email or mail your application and Dues Calculation Form to the address below (note there is a 3% convenience fee for credit card payments.)

ARJE, 633 Third Avenue, 7th Floor, New York, NY 10017-6778

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