



The  
**Association of  
Reform Jewish Educators**

Since 1955

633 Third Avenue | New York, NY 10017-6778

**Return this Application to:**  
**ARJE**  
**633 Third Avenue, 7<sup>th</sup> Floor, New York, NY 10017-6778**  
**212.452.6510**  
[office@reformeducators.org](mailto: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.**

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)

**Past or Present Membership in Professional Organizations:**


**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: \_\_\_\_\_

To expedite your application, please email this form to [office@reformeducators.org](mailto:office@reformeducators.org) and complete the online [ARJE Annual Dues Calculation Form](#). When you complete the dues form, you will be welcome to pay online by credit card or mail a check for your initial dues payment, made payable to ARJE, to:

**ARJE, 633 Third Avenue, 7<sup>th</sup> Floor, New York, NY 10017-6778**  
[office@reformeducators.org](mailto:office@reformeducators.org) / 212.452.6510  
[www.reformeducators.org](http://www.reformeducators.org)