



The New York Board of Rabbis
Where diversity and unity meet

Membership Application

Name: _____ **Date of Birth*:** _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone*: _____ Fax: _____

Preferred Email Address: _____ 2nd Email : _____

Work Organization: _____ **Title:** _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax*: _____ Study: _____

Preferred Mailing Address: Work: _____ Home: _____ *** Will not be published**

Section 1: I was ordained in _____ (year) from _____ (see below).

- | | |
|--|---|
| A. Academy for Jewish Religion - NY | G. Reconstructionist Rabbinical College |
| B. ALEPH | H. Yeshivat Chovevei Torah |
| C. American Jewish University (formerly University of Judaism) | I. Yeshivat Maharat |
| D. Hebrew Union College - Jewish Institute of Religion | J. Yeshiva University |
| E. Israelite Rabbinical Assembly | K. Other (Please Specify) |
| F. Jewish Theological Seminary | |

Section 2: I am a chaplain with CPE training: ___ Yes ___ No

If Yes: A) I am certified with NAJC: ___ No ___ Yes - Certification # _____

B) Number of units of CPE and locations: _____

I currently serve as full-time or part-time chaplain or trainee at the following facilities: _____

Section 3: Complete Section A or Section B, as appropriate:

Section A: I am currently a member in good standing of:

___ Association of Rabbis and Cantors ___ Central Conference of American Rabbis ___ Iggud Harabbonim
 ___ International Rabbinic Fellowship ___ Morashah ___ Rabbinical Assembly ___ Rabbinical Council of America
 ___ Reconstructionist Rabbinical Association ___ Young Israel Council of Rabbis ___ OHALAH

Section B: Please complete the following five items and attach copies as required:

- I have a Bachelor's or Master's degree from the following accredited school (Please attach COPY of your degree) _____
- I work full time as a **rabbi** in a congregation, a chaplaincy position, in a Jewish community agency or working in a not-for-profit humanitarian/social service agency or foundation. Please specify: _____
- My denomination is _____
- Please attach a COPY of your ordination.
- I am not currently a member of a national rabbinic body because _____



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Section 4: Vision Statement

The New York Board of Rabbis was established in 1881, to serve as the primary forum for rabbis serving congregations, organizations, chaplaincies, communal service agencies, and schools. The Board seeks to enhance and expand the role of the Rabbinate for the betterment of the Jewish people and the world at large by providing its members with a spiritual environment and opportunities to grow professionally, promoting *Klal Yisrael*, and building bridges across denominations and with other faiths.

Section 5: Mission Statement: THE NEW YORK BOARD OF RABBIS STRIVES TO:

- ❖ Work for the communal good of the Jewish people.
- ❖ Provide opportunities for rabbis of different denominations to come together for Torah study, professional development, and comprehensive ongoing education for personal and professional growth.
- ❖ Offer caring professional and personal support and mentoring.
- ❖ Advocate for its members’ professional needs and interests, both locally and nationally.
- ❖ Work to insure that the Jewish community is provided the highest level of professional pastoral care, counseling, and chaplaincy in the following areas: healthcare, behavioral health, long-term care, correctional, and other communal service settings.
- ❖ Strengthen its role as a respected rabbinic voice that advocates and mobilizes support on behalf of Israel and the Jewish community everywhere – locally, nationally, and internationally.
- ❖ Work with other faith communities to promote increased understanding of one another and pursue avenues of common concern.
- ❖ Attract new members of all denominations including newly ordained rabbis and rabbinic students in the year prior to ordination.

Signed: _____ **Date:** _____

Please attach your current biographical summary.

This application must be signed by the applicant and accompanied by a check made **payable to NYBR** to cover the current year’s dues.

- | | | | |
|--|--------------|---|--------------|
| <input type="checkbox"/> Supporting Member
<i>For rabbis who want to provide additional support for NYBR projects.</i> | \$500 | <input type="checkbox"/> Chaplaincy
<i>For rabbis who primarily serve as chaplains.</i> | \$100 |
| <input type="checkbox"/> Individual | \$150 | <input type="checkbox"/> Retiree
<i>Option available to full-time retirees.</i> | \$ 54 |
| <input type="checkbox"/> Associate/International
<i>For rabbis who currently reside outside the tri-state area.</i> | \$100 | | |

Membership is complimentary for rabbis the first year following their ordination.