

MJAA/YMJA MEMBERSHIP APPLICATION

All information must be completed to process the application.

New Member Renewal

DUES

MJAA (ages 18 & up)

- Individual \$25
 Married Couple \$40

YMJA (ages 13-30)

- Individual \$10
 Married Couple \$15

MJAA/YMJA Joint Membership (18-30 only)

- Individual \$25
 Married Couple \$40

Name _____ Birth date _____ Age _____

Spouse _____ Birth date _____ Age _____

Address _____

City, State, Zip _____

Country _____ Phone _____ Email _____

Congregation you attend **CONGREGATION BETH SHILOH MESSIANIC SYNAGOGUE** Congregational phone **239-850-2639**

Congregational leader's name **RABBI ANDY MEYERSON**

MEMBERSHIP TYPE

- Jewish membership** Is one of your parents or grandparents Jewish? Yes No
Is one of your spouse's parents or grandparents Jewish? Yes No

Honored Associate Membership

Neither I nor my spouse is Jewish. We love the Jewish people and wish to join the support of my/our testimony as Ruth to Naomi to help bring Jewish revival by becoming a member of the MJAA. *Both husband and wife need to sign for the processing of a couple.* PLEASE READ THE STATEMENT OF FAITH ON THIS PAGE BEFORE SIGNING.

Signature _____ Date _____

Signature _____ Date _____

Mail with payment to: MJAA Southeast Regional 2015 c/o P.O. Box 274 Springfield, PA 19064 or fax to (610) 338-0471 or apply at www.mjaa.org.

Statement of Faith

I have made a public confession of faith in the Messiah Yeshua. I have accepted Him personally as my Lord and Savior. I believe in His deity, His atonement for sin, and His resurrection from the dead.

I accept Scripture (Old & New Covenants) as the supreme rule of faith and life. In applying for membership to the MJAA and/or YMJA, I affirm that all the information represented on this form is truthful and accurate to the best of my knowledge.

