

MEOROT/YCT RABBINIC ALUMNI
ASSOCIATION

Membership Form

Name _____

Current rabbinic position _____

Home address:

Work address:

Home telephone:

Work telephone:

Home fax/other:

Work fax/other:

E-mail:

Are you interested in participating in association's conference calls?

Yes No

Are you interested in participating in association's annual rabbinic conference?

Yes No

Would you like to be added to the directory of association's members?

Yes No

**Please include a check for \$25 for annual membership.
Make check payable to *YCT Rabbinical School*.**

Mail the completed form along with membership fee to:

YCT Rabbinical School
475 Riverside Dr., Suite 244
New York, NY 10115