Massachusetts Board of Rabbis
5779 Member Renewal Application

Please complete this form, print it out, and send to the address below with your check for $115 payable to MBR. All rabbis are invited to join the MBR at any level that is financially comfortable. **Retired rabbis** are not required to pay any dues to be listed as members, but are asked to send a donation of $36 to help defray costs. Please return this form, in any case, to indicate desire for membership.

Note: You only need to fill in information that has changed.

Name_____Date of Birth_____

Spouse/Partner_____Anniversary_____

Ordained (school/year)_____/_____

National Rabbinic membership_____

Year that you began working at your current synagogue/institution_____

Addresses: Business Home

_____ _____

_____ _____

_____ _____

Phone:(_____)_____ (_____)_____

E-mail:_____ _____

Preferred mailing address:_____business _____home (check one)

_____Enclosed please find my MBR dues in the amount of $_____ payable to MBR.

_____As a retired rabbi, I enclose a donation check for $36 payable to MBR.

Signature_____Date_____

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