

Reconstructionist Educators of North America  
**Membership Application**

Name:	Birth date:
Title: <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Cantor <input type="checkbox"/> Rabbi	
Home Address:	
Home Telephone:	Fax:
Email:	

Position Title:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-Time: approx. hours per week _____
Position Includes:	<input type="checkbox"/> Adult Education	<input type="checkbox"/> Religious School <input type="checkbox"/> Preschool
	<input type="checkbox"/> Other: _____	
Organization Name:		
Organization Address:		
Organization Telephone:	Fax:	
Direct Telephone:	Cell Phone:	
Email:	Website:	
Congregation Size:    Number of Membership Units _____    Number of Students _____		
Religious School Info: Religious School Information: Do you have a preK Religious School program? Yes/No # of students pre-Bnai Mitzvah _____    # of students 8-12 <sup>th</sup> grade _____		
Dates of Employment:		
Please send all correspondence to: <input type="checkbox"/> Organization <input type="checkbox"/> Residence		
Preferred Email:		Preferred Phone:

EDUCATION BACKGROUND			
School & Location	Degree/Certificate Credential	Years Attended	Field (Major)

**Please list positions held in Jewish institutions. This information will be used to help RENA plan conferences/workshops and determine/utilize the areas of expertise of our members.**

<b>PROFESSIONAL EXPERIENCE</b>	
1. Name of Institution:	
Location:	Position
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time	Affiliation:
2. Name of Institution:	
Location:	Position
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time	Affiliation:

**Areas of Expertise or Special Interest.** List positions held in secular institutions in which you learned skills that might help our organization (i.e., marketing). Please list skills utilized in those organizations.

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Membership in Professional Organizations. Include dates, offices held, committees, etc.

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**My preferred area of involvement with RENA would be**

- Conference Planning                       Board Member  
 Membership Development                 Other (Please specify) \_\_\_\_\_

**I give permission to include my contact information in the RENA Membership Directory**

- Yes, please include ONLY my Congregation contact information  
 Yes, please include ONLY my home contact information  
 Yes, please include BOTH congregation and home contact information  
 Do not include me in the directory

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_