



APPLICATION FOR MEMBERSHIP

Membership requested - Associate Charter

Personal Contact Information:

Name: _____

Date of Birth: _____ Birthplace: _____

Mailing Address: _____

Phone: Office _____ Home _____ Cell _____

Email Address: _____

Marital Status: Single Married Divorced

Spouse Name: _____ Date of Marriage: _____

Children(s) Name(s):

How did you hear about us? _____

Are you a Messianic believer? If not what is your denomination? _____

Are you affiliated with any other organizations?

(If so, which one(s)?) _____

Disclosure Statement

I, _____, do hereby certify that I have neither been accused in writing nor convicted of a felony, misdemeanor, or any incident of sexual misconduct or child abuse, except as indicated below.

List two character witnesses; (Name, Address, Email, and Phone Number)

Statement of Affirmation of the United Messianic Jewish Assembly

____ I affirm that I have carefully read, studied, and understand the *statement of faith, beliefs and mission* for the United Messianic Jewish Assembly.

____ I affirm I will support, adhere, and maintain the *statement of faith, beliefs and mission for the United Messianic Jewish Assembly*.

INSTRUCTIONS:

1. Complete application and Sign below and send this form to info@umja.net.
2. Submit your application fee by check to UMJA, PO Box 148, Baldwinville, MA 01436-0148. Paypal or credit card payments are also accepted through our website donation page via at www.umja.net. An associate membership for one individual is \$25 per year - Congregational leaders are \$100 per year.

Signature: _____ Date: _____

Submitted appropriate fee? _____