



APPLICATION FOR S'MICHA/ORDINATION

Ordination requested - Moreh/Morah ____ Roeh ____ Mashpia(oh)____ Rabbi ____

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):

Education: (Please list all colleges, seminaries, and other graduate schools attended.)

School	Dates Attended	Degree Held
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Rabbi/Clergy Service:

Current Denomination: _____

Date of Ordination: _____ Date of License: _____

*Please include a scanned copy of your ordination certificate or ministerial license with your application

Churches/Synagogues/Rabbi's served under:

Church/Synagogue - Assignment

Date

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Other Information:

If you are not Messianic now, have you ever been a clergy of another denomination? _____ If so, which denomination? _____ When? _____
 Have you relinquished your ordination; if not why? _____

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.

To the applicant:

In the space below or on an attached sheet, provide details of any convictions for felony or misdemeanor or accusations of sexual misconduct and/or child abuse. If there are none, write the word NONE in the space below.

If you are disclosing any accusations or convictions against you that you dispute or believe should be explained in any way, you have an opportunity at this time to include with this statement any additional information that you believe might be helpful or important regarding the disclosure. Any relevant additional information should be provided on this form, if possible, or in a response statement attached to this form.

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 (Must be an associate member to apply)

Upon granting s'micha/ordination, the fee is \$100 per year plus \$100 to charter your congregation.

Signature: _____ Date: _____