



International Federation of Messianic Jews

Personal Information:

Name(s): _____

Address: _____ Country: _____

City: _____

State: _____ Zip: _____

Date of Salvation: ____/____/____ Immersed (Mikveh)? Yes: No: Date: ____/____/____

Date of Birth: ____/____/____ Phone: (____) _____

Email: _____

References: (Please provide at least one.)

Name of Rabbi or Pastor: _____

Congregation Name & Address: _____

Phone: (____) _____

Name of IFMJ Member as Reference: _____

Phone: (____) _____

Application Type:

Member: To be eligible for membership, you must be 18 years old and be either Jewish or have a Jewish spouse, or have a deep Jewish heart and be committed to be part of the Jewish Nation.

I am Jewish: _____. My spouse is Jewish: _____. One or both of my parents are Jewish: _____.

I am not Jewish, but I see my place with the Jewish people: _____.

Associate: I desire to be an associate member because I want to commit myself to pray for and to stand with the International Federation of Messianic Jews.

Statement of Faith:

In addition to the "13 Principles Of Faith" according to Rambam, I also believe the following: I have made a public confession of faith in Messiah Yeshua (Jesus). I have accepted Him personally as my Lord and Savior. I believe in His deity, His atonement for sin, and His resurrection from the dead. I accept the Scriptures (Old and New Covenants) as the supreme rule of faith and life. In applying for membership to the International Federation of Messianic Jews, I affirm my adherence to this Statement of Faith. I also affirm that all the information represented on this form is truthful and accurate to the best of my knowledge.

Signed: _____ Date: _____

Dues: \$40 per person ó \$50 per couple or family (One application needed for each adult person).

Please enclose dues via check or money order payable to IFMJ, PO Box 271708, Tampa, Florida 33688

For IFMJ Office Use Only

Date Received: ____/____/____ Paid: _____ Approved By: _____

Card Sent: ____/____/____ Check # _____