



# International Federation of Messianic Jews

## Application for Membership For Single, Couple, or Family

### 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 # \_\_\_\_\_