

STEP 1: Primary contact (must be 18 or older)

First name _____ Last name _____
 Address _____
 City/State/Zip/Country _____
 Day phone _____ Evening phone _____
 Email _____
 I am guardian for _____

STEP 2: List the primary contact person on line 1 below. Use the figures from the price table above to determine price per person in your group.

First name	Last name	Age	Relationship	Conference Schedule (check one box only)	*2017 MJAA member #	*2017 YMJA member #	YMJA fee	Friday dance	Saturday luncheon	Sun Ldr lunch	Join MJAA	Join YMJA	Amount enclosed
1.	self	<input type="checkbox"/> Full <input type="checkbox"/> Sat <input type="checkbox"/> Sun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.....
2.	<input type="checkbox"/> Full <input type="checkbox"/> Sat <input type="checkbox"/> Sun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.....
3.	<input type="checkbox"/> Full <input type="checkbox"/> Sat <input type="checkbox"/> Sun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.....
4.	<input type="checkbox"/> Full <input type="checkbox"/> Sat <input type="checkbox"/> Sun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.....
5.	<input type="checkbox"/> Full <input type="checkbox"/> Sat <input type="checkbox"/> Sun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.....

Phone-in registrations available 9 am–5 pm ET, Mon–Fri, 610/338-0482 (\$10 fee applies)

STEP 3: Payment

Check enclosed in US dollars to MJAA VISA MasterCard AMEX Discover

Card number Security code Expiration date

Cardholder's name Cardholder's signature

Credit card billing address and phone if different from above

STEP 4: Submit your registration

MAIL form to:
 MJAA Conference Services
 P.O. Box 274
 Springfield, PA 19064-0274
 FAX: 610-338-0471

Register online: www.mjaa.org
 Registration inquiries:
conferenceservices@mjaa.org
 All other inquiries, call MJAA
 at 610/338-0482.

PRICE TABLE

	Age 18+	Age 13–17	Age 0–12
Full conference			
On or before 10/18	Member \$95	Member \$85	1st Child \$50
After 10/18 on site only	Non-Member \$115	Non-Member \$85	Each add'l \$35
One day only			
Saturday or Sunday	Member \$85	Member \$65	1st Child \$35
	Non-Member \$85	Non-Member \$75	Each add'l \$25

OPTIONAL EVENTS

Friday Dance \$50 | Saturday Luncheon Banquet Adult \$28, Child \$15 | Sunday Leadership Luncheon (Leaders & Spouses) \$28

*MJAA Membership fee \$25/person. (See MJAA/YMJA applications for fees.) Conference discount available to individual member only; couple membership can apply discount to one person per couple. **YMJA Membership (\$10) and activity fee (\$9) required for ages 13–17.

South Central Heartland ON-SITE REGISTRATION

Friday	7:30 am–10:00 am
	12:00 pm–1:30 pm
	4:30 pm–8:00 pm
Saturday	8:00–10:00 am
	12:00–1:30 pm
	5:00–8:00 pm
Sunday	8:00 am–10:00 am

Early registration forms must be received by 10/18/17 but registration remains open.

***Where to find your MJAA Member number:**

- 1) in the box on the conference brochure address label
- 2) on the MJAA membership discount notification card
- 3) call the MJAA at 800/225-6522, x110.

**For YMJA members, call 610/338-0482 or email linda@ymja.org

CANCELLATIONS: Written requests for cancellations and refunds must be received by November 17, 2017. A cancellation fee of \$30/adult will apply. Refunds for check payments will be mailed after the conference.



TOTAL FEES \$.....

Subtotal \$.....

MJAA/YMJA MEMBERSHIP APPLICATION

All information must be completed to process the application.

New Member Renewal

DUES

MJAA (ages 18 & up)

Individual \$25
 Married Couple \$40

YMJA (ages 13-30)

Individual \$10
 Married Couple \$15

MJAA/YMJA Joint Membership (18-30 only)

Individual \$25
 Married Couple \$40

Name _____ Birth date _____ Age _____

Spouse _____ Birth date _____ Age _____

Address _____

City, State, Zip _____

Country _____ Phone _____ Email _____

Congregation you attend _____ Congregational phone _____

Congregational leader's name _____

MEMBERSHIP TYPE

Jewish Membership Is one of your parents or grandparents Jewish? Yes No
Is one of your spouse's parents or grandparents Jewish? Yes No

Honored Associate Membership

Neither I nor my spouse is Jewish. We love the Jewish people and wish to join the support of my/our testimony as Ruth to Naomi to help bring Jewish revival by becoming a member of the MJAA. *Both husband and wife need to sign for the processing of a couple. PLEASE READ THE STATEMENT OF FAITH ON THIS PAGE BEFORE SIGNING.*

Signature _____ Date _____

Signature _____ Date _____

Mail with payment to MJAA SC Heartland Regional, P.O. Box 274, Springfield, PA 19064 or fax to (610) 338-0471 or apply at www.mjaa.org.

Statement of Faith

I have made a public confession of faith in the Messiah Yeshua. 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 Scripture (Old & New Covenants) as the supreme rule of faith and life. In applying for membership to the MJAA and/or YMJA, I affirm that all the information represented on this form is truthful and accurate to the best of my knowledge.

