

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

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

PRICE TABLE

	Age 18+		Age 13-17		Age 0-12	
Full conference	Member	Non-Member	Member	Non-Member	1st Child	Each add'l
On or before 11/22	\$115	\$150	\$105	\$115	\$50	\$35
After 11/22	\$135	\$170	\$105	\$115	\$50	\$35
One day only	Member	Non-Member	Member	Non-Member	1st Child	Each add'l
Saturday or Sunday	\$95	\$95	\$75	\$85	\$50	\$35
OPTIONAL EVENTS	Friday <i>IAMCS Yeshiva</i> - Register at http://yeshiva.iamcs.org/SE					

*MJAA Membership fee \$25/person. (See MJAA/YMJA applications for fees.) Conference discount available to individual member only.
 **YMJA Membership (\$10) and activity fee (\$20) required for ages 13-17.

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)	*2021 MJAA member #	** 2021 YMJA member #	YMJA fee	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"/>	\$.....
2.	<input type="checkbox"/> Full <input type="checkbox"/> Sat <input type="checkbox"/> Sun	<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"/>	\$.....
4.	<input type="checkbox"/> Full <input type="checkbox"/> Sat <input type="checkbox"/> Sun	<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"/>	\$.....
									Subtotal	\$.....

Phone-in registrations available for a \$10 convenience fee. Call Conference Services at 610-338-0482.

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 _____

SOUTHEAST REGIONAL ON-SITE REGISTRATION

Friday	7:30-10:30 am 12:00-8:00 pm
Saturday	8:30-10:30 am 12:00-2:00 pm 5:00-8:00 pm
Saturday	8:30-10:00 am 2:30-4:00 pm

PHOTO ID is required at registration desk onsite.
Bags and purses will be checked upon admittance to all main events.

Early registration forms must be received by 11/22/21 but registration remains open.

To receive membership discount, you need to pay 2021 MJAA or YMJA membership dues.

For YMJA membership code, call **678/609-8648** or email hannah@ymja.org

CANCELLATIONS: Written requests for cancellations and refunds must be received by December 17, 2021. A cancellation fee of \$30/adult will apply. Refunds for check payments will be mailed after the conference.

TOTAL FEES \$.....

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
 610/338-0482.



MJAA/YMJA MEMBERSHIP APPLICATION

All information must be completed to process the application.

New Member Renewal

DUES

MJAA (ages 18 & up)

Individual \$25

YMJA (ages 13–30)

Individual \$10

MJAA/YMJA Joint Membership (18–30 only)

Individual \$25

Name _____ 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, 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.

