

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 _____

My guardian is _____

PRICE TABLE	Age 18+		Age 13-17		Age 0-12	
	Member	Non-Member	Member	Non-Member	1st Child	Each add'l
Full conference On or before 1/21/19 After 1/21/19	Member	Non-Member	Member	Non-Member	1st Child	Each add'l
	\$120	\$160	\$95	\$105	\$60	\$35
One day only Saturday or Sunday	Member	Non-Member	Member	Non-Member	1st Child	Each add'l
	\$95	\$95	\$75	\$85	\$40	\$25

OPTIONAL EVENTS: Friday Dance Symposium \$65 | Saturday Luncheon Adult \$36 Children \$20 | Sunday Leadership-Only Luncheon \$36

*MJAA Membership fee \$25/person.
**YMJA Membership (\$10) and activity fee (\$9) 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)	*MJAA 2018 member #	**YMJA 2018 Member Code	YMJA fee	Friday Dance Symposium	Saturday Luncheon	Sunday Luncheon	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"/>	\$

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 _____

Southwest ON-SITE REGISTRATION

Friday 7:30 am-8:00 pm

Saturday 8:00 am-10:00 am
12:00 pm-1:30 pm
4:40 pm-8:00 pm

Sunday 8:30 am-10:00 am
5:00 pm-7:00 pm

PHOTO ID is required at registration. NO PHOTO ID, NO REGISTRATION. ALL bags and purses will be checked upon admittance to all main events.

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

Subtotal	\$
TOTAL FEES	\$

Early registration forms must be received by 1/21/19 but registration remains open.

- * Where to find your MJAA Member number:
- 1) on the MJAA membership email
 - 2) call the MJAA at 800-225-6522 x203

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

CANCELLATIONS: Written requests for cancellations and refunds must be received by February 15th, 2019. A cancellation fee of \$30/adult will apply. Refunds for check payments will be mailed after the conference.



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
 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 Southeast 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.

