



# National Association of Temple Educators

AN AFFILIATE OF THE UNION FOR REFORM JUDAISM

אגודת המחנכים ליהדות רפורמית

633 Third Avenue ♦ New York, NY 10017-6778

## APPLICATION FOR MEMBERSHIP

### NATE'S MISSION

ברוך אתה יי אלהינו מלך העולם אשר  
קדשנו במצותיו וצונו לעסוק בדברי תורה

We have been commanded to make the teachings of Torah central to our lives.

**NATE serves Jewish educational leaders working for the advancement of Reform Jewish education by**

- **Promoting and encouraging the professional growth of its members.**
- **Advocating for the profession of Jewish education by improving the context in which educators work.**

**INSTRUCTIONS TO APPLICANT: ANSWER ALL QUESTIONS WHERE APPLICABLE.  
PLEASE TYPE OR PRINT ALL RESPONSES.**



**Return the Original Application to:**

**NATE**  
**633 Third Avenue**  
**New York, NY 10017-6778**  
**Telephone: 212.452.6510**  
**Fax: 212.452.6512**  
**E-Mail: [nateoff@aol.com](mailto:nateoff@aol.com)**  
**<http://nate.rj.org>**



Name (with middle initial):

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Birthdate:

Place of Birth:

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Marital Status:

Married

Divorced

Separated

Single

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Name of Spouse (include title):

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Name and Ages of Children:

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Institution Name:

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Institution Address:

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Institution Telephone:

Fax:

---

Personal Office Telephone:

Mobile:

---

E-mail:

Website:

---



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Residence Address:

---



---

Residence Telephone:

Fax:

---

E-mail:

---

**Please send all correspondence to:    Institution                       Residence**

Title (Please Check appropriate designation):

Cantor

Dr.

Mr.

Mrs.

Ms.

Rabbi

Even if you enclose a résumé, please complete the following items as requested

## PROFESSIONAL EXPERIENCE

List ALL positions held, religious and secular, starting with the PRESENT one.

Feel free to use a separate sheet of paper, if necessary.

1. Name of Institution:			
Location:		Position:	
Dates of Employment:		Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/> Affiliation:
2. Name of Institution:			
Location:		Position:	
Dates of Employment:		Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/> Affiliation:
3. Name of Institution:			
Location:		Position:	
Dates of Employment:		Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/> Affiliation:
4. Name of Institution:			
Location:		Position:	
Dates of Employment:		Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/> Affiliation:

— Please do not abbreviate —

## SECULAR AND JEWISH EDUCATION

School & Location	Degree/Certificate/ Credential	Years Attended	Field (Major)

List Name(s) and Relationship(s) to Any Member(s) of NATE:

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Membership in Professional Organizations: Include dates, offices held, committees, etc.

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Person(s) Referring You to NATE:

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Special Area(s) of Expertise or Interest:

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Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**So that your application may be properly and quickly processed, please return it fully completed to the address below, along with a check for one year's dues.**

**Please make checks payable to: NATE**

**(See Enclosed Dues Schedule)**

**NATE  
633 Third Avenue  
New York, NY 10017-6778**