



Congregation House of Jacob-Mikveh Israel
1613- 92nd Avenue SW
Calgary, AB, T2V 5C9

Phone: (403) 259-3230 Fax: (403) 259-3240
Email: hojmi.calgary@gmail.com www.hojmi.org

B"H

APPLICATION FOR MEMBERSHIP 2024/2025 (5785)
Must be completed by September 1, 2024

Family Name (required)			
Mailing Address (required)			
Telephone (daytime) (required)			
Telephone (cellular)			
Telephone (work)			
E-Mail Address (required)			
Membership Type (required)	<input type="checkbox"/> Family	<input type="checkbox"/> Single	<input type="checkbox"/> Student

Adults:

Surname	First name	M/F	Hebrew Name (Include father and mother's name) & Date of Birth (yyyy/mm/dd)	Attendance Yes/No	
				RH	YK

Children under age 18 who NEED seats for the High Holidays:

Surname	First Name	M/F	Hebrew Name (Include father and mother's name) & Date of Birth (yyyy/mm/dd)	Attendance Yes/No	
				RH	YK

Children 18-25 years who are Full-Time Students that NEED seats for the High Holidays:

Surname	First name	M/F	Name of Post-Secondary School	Attendance Yes/No	
				RH	YK

Additional Children and Out of Town Guests who NEED seats for the High Holidays:

Surname	First name	M/F	Relationship to Member (Child, Family, Friend, Other)	Attendance Yes/No	
				RH	YK

For Office Use Only:

Rabbi's Endorsement _____ (All membership applications are subject to approval by the Rabbi)

Confirmation of full payment arrangements _____ (office manager or treasurer)

Membership Dues Payable

Please place a checkmark on the left, next to each applicable fee:

Checkmark	Membership Type	Membership Dues	Amount Paying
<input type="checkbox"/>	Family	\$2,400	\$
<input type="checkbox"/>	Single	\$1,200	\$
<input type="checkbox"/>	Student	\$ 250	\$
<input type="checkbox"/>	Additional Child's Seat @ \$75 each	\$ 75 x _____ (number of seats)	\$
<input type="checkbox"/>	Friend of HOJMI (Family)	\$2,400	\$
<input type="checkbox"/>	Friend of HOJMI (Single)	\$1,200	\$
<input type="checkbox"/>	Out of Town Guests @ \$250 each	\$ 250 x _____ (number of guests)	\$
<input type="checkbox"/>	Friend of the HOJMI Sisterhood	\$ 25	\$
<input type="checkbox"/>	Voluntary sponsorship for kiddush fund	\$ _____ <i>Enter amount</i>	\$
<input type="checkbox"/>	Voluntary Sponsorship Contribution	\$ _____ <i>Enter amount</i>	\$
	Total Payable		\$

<input type="checkbox"/>	Amount Enclosed (in full)
<input type="checkbox"/>	Amount Enclosed (post-dated) \$ _____ X _____ cheques
<input type="checkbox"/>	I wish to pay by Visa/MC (please fill in details below)

Visa / MasterCard Authorization:

Please debit my Visa / MasterCard in the amount of \$ _____ being **full payment** for the above membership obligations.

Or

Please debit my Visa / MasterCard **monthly** for the monthly amount of \$ _____ beginning deductions on the 1st/15th (day) of _____ (month) 2024/2025, in equal payments for my membership obligations.

Visa / MasterCard Number: _____

Expiry Date (mm/dd): ____/____

CVV Code: _____

Signature: _____

Yahrzeit Information:

If you have not already done so, please fill in the yahrtzeit dates related to your family. We send out yahrtzeit reminders monthly.

Last name	First name	Hebrew name	Relationship	Date of Death (& day/night)	Jewish Date of Death

Minyan Commitment:

HOJMI is more than a shul, it is a community. Our shul community is here for one another.

When one of our members needs to say Kaddish, our community must come together to make a Minyan every morning and night!

However, praying with a Minyan is more than just for those saying Kaddish - it is for each and every one of us. It is a way to connect with Hashem and a way to make our prayers heard.

Please commit to at least one morning or night of Minyan attendance. Please let us know if you require a reminder.

Day of week	Morning/Evening	Reminder (Y/N)

Volunteering Commitment:

HOJMI depends very heavily on the kindness of volunteers to facilitate daily, weekly, special events and fundraising (e.g., casino). Please indicate below if you (or your family members) are interested and able to volunteer, in any capacity, in service of our congregation.

Manner in which I wish to be contacted to volunteer (please check all that apply)

<input type="checkbox"/> I am interested in volunteering opportunities	<input type="checkbox"/> contact me to by email	<input type="checkbox"/> contact me by phone	<input type="checkbox"/> I will contact the office
--	---	--	--