

APPLICATION FOR MEMBERSHIP 2026/2027 (5787)
Must be completed and returned to the HOJMI office by September 1, 2026

Family Name (required)		
Mailing Address (required)		
Telephone (daytime) (required)		
Telephone (cellular)		
Telephone (work)		
E-Mail Address (required)		
Membership Type (required)	☐ Family ☐ Single ☐ 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*
☐	Family	\$2,400	\$
☐	Single	\$1,200	\$
☐	Student	\$ 250	\$
☐	Additional Child's Seat @ \$75 each	\$ 75 x _____ (number of seats)	\$
☐	Friend of HOJMI (Family)	\$2,400	\$
☐	Friend of HOJMI (Single)	\$1,200	\$
☐	Out of Town Guests @ \$250 each	\$ 250 x _____ (number of guests)	\$
☐	Contribution to Sisterhood programs	\$ 25	\$
☐	Voluntary Contribution	\$ _____ <i>Enter amount</i>	\$
☐	Personal locker rental	\$ 180	\$
	Total Payable		\$

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

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 on the _____ (day) of _____ (month) 2026/2027, in equal payments for my membership obligations**.

Visa / MasterCard Number: _____
 Expiry Date (mm/dd): _____/_____
 CVV Code: _____

Signature: _____

* Please contact the HOJMI office if you are unable to commit to pay the full membership dues.

**The instalments option is not a subscription plan and if a membership is terminated early, the remaining balance should be settled promptly.