Congregation House of Jacob-Mikveh Israel
1613- 92nd Avenue SW, Calgary, AB, T2V 5C9
Phone: (403) 259-3230
Email: officemanager@hojmi.org Web: https://www.hojmi.org

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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	$ _____ *Enter amount*	**$**
☐	Personal locker rental	$ 180	**$**
	Total Payable		**$**

☐	**Amount Enclosed (in full)**
☐	**Amount Enclosed (post-dated cheques) $_____ X ____ cheques**
☐	**I wish to pay by Interac e-Transfer** *(send payment to officemanager@hojmi.org)*
☐	**I wish to pay by Visa/MC** *(please fill in details below)****

<u>Visa / MasterCard Authorization</u>:

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.
***Preference should be given to payment(s) by cheque or e-transfer to reduce credit card processing fees.