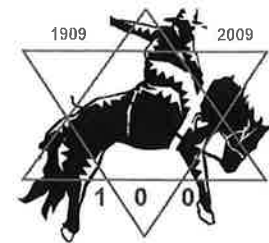




Congregation House of Jacob-Mikveh Israel
Incorporated 1909
1613- 92nd Avenue SW
Calgary, AB, T2V 5C9

Ph: (403) 259-3230
Email: hojmi@telus.net

Fax: (403) 259-3240
www.HOJMI.ORG



MEMBERSHIP RENEWAL 2011/2012 - 5772

May 2011

Sivan 5771

Dear Congregants,

Thank you for your membership and participation at the House of Jacob-Mikveh Israel.

As usual, in order encourage early renewal, those who submit their membership renewal forms by June 17, 2011 will receive a \$120 reduction in fees for a family membership or \$60 reduction in fees for a single membership.

In response to feedback received from a number of members, we are postponing implementation of any financial levy for several months. However, despite that we work hard to keep our costs and expenses down, we require additional financial contributions to cover all our operational costs. Review of our financial records reveals deficits that will eventually have to be addressed. Therefore we ask that all members consider a **"Fair Share"** contribution over and above their membership dues. A **"Fair Share"** contribution is strictly voluntary and will be gratefully accepted in whatever amount you can afford and feels right.

As the summer draws near, it's time for membership renewal and allocation of High Holiday Seating. As was the case last year, the following applies:

The following information is a summary of several Board discussions and resolutions passed in recent years, which affect membership and High Holiday seating. Please read them carefully:

1. High Holiday seats will be assigned only after a member's full payment of dues, or a member's arrangements for full payment of dues over a time period not exceeding 12 months.
2. All members who request a subsidy must arrange it **annually**. Please contact either Judy Shriar or Nelson Halpern to discuss any subsidy request. High Holiday seats will be assigned once any subsidy is approved and arrangements made.
3. A family unit will receive a maximum of two High Holiday children's tickets with each membership. These tickets are assigned to dependent children. Tickets are assigned at the discretion of the

Seating Committee. Assigned seats are **not transferable** to other individuals. A dependent child is defined as a:

- a) child under 18 years
- b) child 18-25 years but attending an institution of higher learning, **full-time**. This person must be present in Calgary for the High Holidays.
- c) dependent adult of any age who presently does not have wage earning capacity.

Children of members who are over the age of 18, of normal capacity and earning an independent income are invited to join the Synagogue as single members to secure High Holiday tickets. A single membership is for one adult.

MEMBERSHIP CATEGORIES:

Family Membership:

- This includes membership of the family unit, 2 adult seats and up to 2 children's seats (space permitting).
- \$1600.00 membership dues; reduced by \$120 if membership renewal form is submitted by the **June 17, 2011 deadline.**

Membership:

- This includes membership of a single adult unit, 1 adult seat and up to 1 child's seat (space permitting).
- \$800.00 membership dues; reduced by \$60 if membership renewal form is submitted by the **June 17, 2011 deadline.**

Student Membership:

This includes membership of 1 single adult unit and 1 seat.
\$200.00 + a volunteer commitment

Newly Married Couples:

Membership is free for the first year of marriage.

Out of town guests:

\$200.00 per seat (subject to availability)

Additional Children's Seats:

\$65.00 per child's seat (under age 18).

PAYMENT OPTIONS:

There are a number of payment options available to you for payment of membership dues and building fund obligations.

Membership Dues can be paid over a maximum of 12 months.

CHEQUES:

Post-dated cheques can be used and all of these must be submitted with your completed form.

VISA / MASTERCARD:

Payment by Visa or MasterCard can be used. This can either be done in one payment or with installments. Please sign the attached authorization form to use this option.

All membership applications are subject to approval by the Rabbi.

We would like to avoid any delays in allocating seats. Please make sure you complete and submit the enclosed forms **by June 17th**. Please note that if your form is submitted after the **June 17th deadline**, you will not receive the \$120/\$60 fee reduction and the seating committee cannot guarantee that you will retain the same seats that you had last year.

Sincerely,

HOJMI Board of Directors

DEADLINE JUNE 17th 2011

CONGREGATION HOUSE OF JACOB MIKVEH – ISRAEL APPLICATION FOR MEMBERSHIP 2011/2012 (5771)

FAMILY NAME	
MAILING ADDRESS	
E-MAIL ADDRESS	
TELEPHONE (home)	
TELEPHONE (work)	

PLEASE CHECK MEMBERSHIP TYPE: FAMILY SINGLE STUDENT
ADULTS:

SURNAME	FIRST NAME	M/F	HEBREW NAME (include father and mother's name)	Attendance Yes/No	
				RH	YK

CHILDREN under age 18 that **NEED** seats for the High Holidays

SURNAME	FIRST NAME	M/F	DATE OF BIRTH	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'S SEATS & OUT OF TOWN GUESTS:

SURNAME	FIRST NAME	M/F	Attendance Yes/No	
			RH	YK

FOR OFFICE USE ONLY:

Rabbi's Endorsement _____ (All membership applications are subject to approval by the Rabbi).
 Secretary's confirmation of full payment arrangements _____

MEMBERSHIP DUES PAYABLE: Please place a checkmark on the left, next to each appropriate fee:

Checkmark	Membership type	Member Fees	Amount paying
	Family	\$1600	\$
	Single	\$800	\$
	Student	\$200	\$
	Additional Child's Seat @ \$65 each	\$65	\$
	Friend of HOJMI (Family)	\$1600	\$
	Friend of HOJMI(Single)	\$800	\$
	Out of Town Guests @ \$200 each	\$200	\$
	"Fair Share" Voluntary Contribution	\$ANY	\$
	Early Bird reduction (if forms in by June 17/11)	- \$120 or -\$60	-\$
	TOTAL FEES PAYABLE		\$ _____

	Amount Enclosed (in full)	
	Amount Enclosed (post - dated) \$ _____ X _____ cheques	
	I wish to pay by Visa/MC	

	Minyan Commitment	Day of week	Morning/Evening

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) 2011, in equal payments for my membership obligations.

VISA / MASTERCARD NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

EXPIRY DATE:

--	--	--	--

SIGNATURE: _____

YARTZEIT ADVICE:

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

LAST NAME	FIRST NAME	HEBREW NAME	RELATIONSHIP	DATE OF DEATH (&day/night)	JEWISH DATE OF DEATH