

Kolot Mayim Reform Temple

Last Name:

Friend of Kolot Mayim Application 2024-25

(Non-member affiliation, open only to non-Jewish individuals, 18 years of age or older)

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ E-Mail _____

Please mail this form with all signed and dated cheques enclosed to:
Membership Chair, Kolot Mayim Reform Temple
3636 Shelbourne Street, Victoria BC V8P 4H2

Payment options are provided below.

- **Cheques** should be payable to **Kolot Mayim Reform Temple**. If you pay by post-dated cheques, they should be dated Sept.1, 2024, Dec.1, 2024, Feb. 1, 2025, and April 1, 2025
- **Online Payment Options:**
 - Email this completed form as a PDF attachment to Carolyn.Canny@outlook.com and pay by credit card or PayPal at <https://kolotmayimreformtemple.com/2023-24membership>. **Note:** There is a **3% surcharge** to offset our processing fees included in the online payment options.
- **E-transfer** (no surcharge) to: kolotmayimtreasurer@gmail.com

Please email Membership Chair Carolyn.Canny@outlook.com if you have any questions.

Friends of the Congregation \$200.00:

(Non-member, non-voting, High Holiday admission NOT Included)

- \$50.00 per quarter (4 cheques) - Last cheque dated April 1, 2025
- \$200.00 (One cheque or payment online)

Amount Enclosed:

\$ =====

Signature _____

Date _____