

Kolot Mayim Reform Temple

Membership Form 2024-2025

Last Name:

Please check applicable box:

New Member

Renewal

PERSONAL INFORMATION

Street	
City and Province	Postal Code

Adult Members:

Name:	E-Mail
Hebrew Name:	Phone
Name:	E-Mail
Hebrew Name:	Phone

Children: (under 18 years)

Name:	Name
Hebrew Name:	Hebrew Name
Name:	Name
Hebrew Name:	Hebrew Name
Name:	Name
Hebrew Name:	Hebrew Name

Yahrzeits: ONLY PROVIDE CHANGES FROM LAST YEAR. Please only list the Immediate Family members you have lost (parents, children, siblings, spouse)

Name:		Hebrew Name: (if applicable)	
Date:	Hebrew Date:	Relationship	
Name:		Hebrew Name: (if applicable)	
Date:	Hebrew Date:	Relationship:	
Name:		Hebrew Name: (if applicable)	
Date:	Hebrew Date:	Relationship:	
Name:		Hebrew Name: (if applicable)	
Date:	Hebrew Date:	Relationship:	
Name:		Hebrew Name: (if applicable)	
Date:	Hebrew Date:	Relationship:	

Privacy Practices

The Kolot Mayim Reform Temple’s privacy policy can be found on our website at <https://kolotmayimreformtemple.com/privacy-policy/>. The information you provide to us is used to provide services and to keep you informed on the activities Kolot Mayim, including programs, services, events, funding, volunteering, and more through contacts from Kolot Mayim Reform Temple. Your personal information may be shared where required by affiliated organizations within the Reform Movement. Safeguards are in place to ensure that the information is not improperly disclosed or is shared more widely than is necessary to achieve the purpose for which it was collected. We also maintain the integrity of this information protect it from being lost or stolen. Unless required by law, we do not provide personal information to third parties, except as above and as specified in the privacy policy.

Please initial if you do not consent to having:

your photo published.

Yahrzeit information published in our newsletter or announced at services.

Contact Information

Questions, concerns, or complaints relating to Kolot Mayim Reform Temple’s privacy policy on the treatment of personal information should be e-mailed to: km@kolotmayimreformtemple.com attention: Privacy Officer.

Further information on privacy and your privacy rights may be found on the website of the Office of the Information and Privacy Commissioner for British Columbia: www.oipc.bc.ca.

Membership Categories

All include [Arza Canada.org](http://ArzaCanada.org) membership. Only Regular and Student memberships include cost of tickets for the High Holiday services.

Please initial the box for the category of membership for which you qualify and sign at the end of the form.

Regular Membership: \$780.00 each. Includes admission to High Holidays services. **New members pay 50% of the regular membership for the first year.**

I am Jewish or the spouse or child of a Jewish member, and eighteen (18) years of age or older.

\$195.00 per quarter (4 cheques) or

\$390 per half year (2 cheques) or

\$780.00 per year per person

\$ _____

Student Membership: \$100 (Includes admission to High Holidays services)

I am Jewish or the spouse or child of a Jewish member, at least eighteen (18) years of age and less than thirty (30) years of age, and in full-time attendance at a post-secondary institution.

\$ _____

Associate Membership \$360. (Does not include admission to High Holidays services).

I am Jewish or the spouse or child of a Jewish member; eighteen (18) years of age or older; and a regular member of another synagogue in Canada.

\$90 per quarter (4 cheques) - Last cheque dated April 1, 2025 or

\$180 per half year (2 cheques) or

\$360.00 for the year

\$ _____

Out of Town membership \$360. (Does not include admission to High Holidays services).

I am Jewish or the spouse or child of a Jewish member; eighteen (18) years of age or older; and do not have a residence in Greater Victoria.

\$90 per quarter (4 cheques) - Last cheque dated April 1, 2025 or

\$180 per half year (2 cheques) or

\$360.00 for the year

\$ _____

Voluntary Fair Share

The cost of operating Kolot Mayim is greater than the income from regular membership dues. If you can pay more, that is even better since you support those who cannot.

Thanks to some generous members and former members, we have been able to sustain ourselves financially. Therefore, every year we ask those members who can, to make a Voluntary Fair Share donation.

Voluntary Fair Share Table
(You may use the table as a guide)

Gross Income	Annual Fair Share
\$50,000 to \$55,000	\$ 180
\$56,000 to \$65,000	\$ 360
\$66,000 to \$72,000	\$ 540
\$73,000 to \$80,000	\$ 720
\$81,000 to \$90,000	\$ 900
\$91,000 to \$100,000	\$1,080
\$101,000 and up	\$1,260

Fair Share Amount \$ _____

TOTAL Amount Due: \$ _____

Payment Options:

- **Cheques** should be payable to **Kolot Mayim Reform Temple**. Post-dated cheques should be dated for **Sept 1, 2024, Dec.1, 2024, Feb. 1, 2025, and April 1, 2025**. Mail cheques to Kolot Mayim Reform Temple c/o 3636 Shelbourne St, Victoria, BC V8P 4H2
- **Online Payment Options (3% surcharge):**
 - Email this completed form as a PDF attachment to Carolyn.Canny@outlook.com and pay by credit card or PayPal at <http://kolotmayimreformtemple.com/2024-25membership>. **Note:** There is a **3% surcharge** to offset our processing fees included in the online payment options.
- **E-transfer** (no surcharge) to KM bookkeeper: kolotmayimtreasurer@gmail.com

If you have any questions, please contact the Membership Chair Carolyn.Canny@outlook.com

No one is turned away from Kolot Mayim Reform Temple for financial reasons.
If these fees present a financial hardship to you, please contact our Treasurer, Stephen Larre, for a confidential discussion by phone at 250-203-6159 or by email at kolotmayimtreasurer@gmail.com.

Name Signature Date

Name Signature Date