

KEHILAT SHALOM Society of Calgary

Thank you for deciding to join us this year!

You can fill out the forms (2 Pgs. below) on your computer & Email the form to:
info@kscalgary.org. OR You can print the forms, and mail completed forms with your
 payment to our office (See Below).

There are four methods to make your payment:

1) Interac e-Transfer, 2) Cheque, 3) PayPal, or 4) Credit Card

	Selection	Number	Amount	Subtotal
<input type="checkbox"/>	Adult Membership includes High Holidays Tickets*			
<input type="checkbox"/>	Student Membership includes High Holidays Tickets*			
<input type="checkbox"/>	Child under 18 - complementary			
<input type="checkbox"/>	I would like to donate to the General Fund *			
<input type="checkbox"/>	I would like to donate to the Torah Fund *			


I would be honored to participate in High Holiday Services

(A member of our Ritual Committee will contact you.)

For additional information, please Email info@kscalgary.org, or call: (403) 613-1848

I will Pay on Line with Credit Card or PayPal or Interac eTransfer (Use info@kscalgary.org)

OR

<input type="checkbox"/> I wish to pay by credit card							
Name:							
Billing Address:				City:			
Postal Code:		Phone:		Email:			
Credit Card #:			Expiry:		OCR # :	3 digit number on reverse of card	
			<small>MM/YY</small>				
							
Authorized Signature:				Total Payment: \$			

OR

<input type="checkbox"/> My cheque is enclosed (please make your cheque payable to <u>Kehilat Shalom Society of Calgary</u>)							
Name:							
Address:				City:			
Postal Code:		Phone:		Email:			
						Total Payment: \$	
Mail: Please complete this form and mail to:				Kehilat Shalom Society of Calgary, 11 Sinclair Crescent SW, Calgary, AB T2W 0L8.			

* Qualifies as a charitable donation. A tax receipt will be issued in accordance with the rules and regulations of the Canada Revenue Agency. Registered Charity Number: 82472 4439 RR0001

Please fill out the personal information on the next page. →

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Personal Information Form

*Information you furnish will be kept strictly confidential. It is intended for our records only.
(Please print clearly and check and fill all applicable boxes.)*

Mailing Address	Number	Street	Apartment
	City	Province	Postal Code
Home Phone:		Alternate phone:	
E-mail Addresses:			

Person 1	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Adult <input type="checkbox"/> Student <input type="checkbox"/> Under 18(Age?)	
	<i>First Name:</i>	<i>Last Name:</i>	
	<i>Hebrew Name:</i>		
	<i>Skills to Share:</i>		
Person 2	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Adult <input type="checkbox"/> Student <input type="checkbox"/> Under 18(Age?)	
	<i>First Name:</i>	<i>Last Name:</i>	
	<i>Hebrew Name:</i>		
	<i>Skills to Share:</i>		
Person 3	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Adult <input type="checkbox"/> Student <input type="checkbox"/> Under 18(Age?)	
	<i>First Name:</i>	<i>Last Name:</i>	
	<i>Hebrew Name:</i>		
	<i>Skills to Share:</i>		
Person 4	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Adult <input type="checkbox"/> Student <input type="checkbox"/> Under 18(Age?)	
	<i>First Name:</i>	<i>Last Name:</i>	
	<i>Hebrew Name:</i>		
	<i>Skills to Share:</i>		
Person 5	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Adult <input type="checkbox"/> Student <input type="checkbox"/> Child (Age?)	
	<i>First Name:</i>	<i>Last Name:</i>	
	<i>Hebrew Name:</i>		
	<i>Skills to Share:</i>		

e.g. Web Design, Accounting, Database, Event

Yahrzeits (memorial Dates)	Member's Name	Name of Deceased		English Calendar Date	After Sunset? Yes/No
		(English)	(Hebrew)		

e.g. Harry Joseph Goldberg Yosef Ben Avraham 01/31/2003 Yes