



TEMPLE GATES OF PRAYER

Congregation Shaarai Tefilla

38-20 Parsons Boulevard, Flushing, NY 11354
(718)359-1160 Fax (718)321-2835

TEMPLE GATES OF PRAYER APPLICATION FOR MEMBERSHIP

Freedom of Religion is one of the greatest blessings of democracy. It is a privilege which affords us the opportunity to identify with our religion by affiliating with a synagogue. The religious, educational, cultural, social, and other activities conducted by our synagogue for young and old, contribute towards making this privilege very meaningful.

I/We hereby apply for membership in TEMPLE GATES OF PRAYER.

Name(s) to use on mailing labels _____

Address _____

City _____ State _____ Zip _____

Preferred Phone # _____

How did you hear about Temple Gates of Prayer? _____

Were you introduced to Temple Gates of Prayer by a particular synagogue member? Yes/ No

Which member(s)? _____

Adult 1:

Name _____

Preferred Gender Pronoun _____ Birth Date _____

Marital Status _____ Anniversary _____ Spouse Jewish: Yes/ No

Hebrew Name _____ I am a convert: Yes No

If converted, date and place of conversion, and name of officiating Rabbi:

Mother's Hebrew Name _____ Mother is Jewish: Yes No

Father's Hebrew Name _____ Father is Jewish: Yes No

Are you a: Kohen Levi Yisroel Unknown

Read Hebrew: Yes No

Willing to Chant Torah: Yes No Willing to Chant Haftarah: Yes No **Contact**

Information:

Home Phone # _____ Cell Phone # _____

Email _____

Occupation _____

Business Name _____ Work Phone _____

Family Name: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Adult 2:

Name _____

Preferred Gender Pronoun _____ Birth Date _____

Hebrew Name _____ I am a convert: Yes No

If converted, date and place of conversion, and name of officiating Rabbi:

Mother's Hebrew Name _____ Mother is Jewish: Yes No

Father's Hebrew Name _____ Father is Jewish: Yes No

Are you a: Kohen Levi Yisroel Unknown

Read Hebrew: Yes No

Willing to Chant Torah: Yes No Willing to Chant Haftarah: Yes No

Contact Information:

Home Phone # _____ Cell Phone # _____

Email _____

Occupation _____

Business Name _____ Work Phone _____

Emergency Contact Information:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Children's Information: (If you need more room, please write on the back of the form.)

<u>Name</u>	<u>Hebrew Name</u>	<u>D.O.B.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Name: _____

Yahrzeit Information (if you would like to be reminded of the anniversary of the death of a loved one)

<u>Name</u>	<u>Related to?</u>	<u>Relationship</u>	<u>English Date of Death</u>	<u>Before/After Sundown*</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

* Note: The time of death (before or after sundown) is needed to determine the date of death on the Jewish calendar.

Current Annual dues (subject to change):

Family membership: \$265

Single membership: \$165

Annual assessment for dues to United Synagogue of America:

\$30 for families

\$15 for single membership

Dues are billed on a calendar year basis.

I hereby certify that I/we are of the Jewish faith, and hereby make application for membership in Temple Gates of Prayer, subject to its Constitution and bylaws and all amendments to be added thereto, and by which I /we agree to abide.

Applicant's signature _____

Date _____

Enclosed is my check for dues in the amount of \$_____ Check # _____

Application subject to approval of Membership Committee