

CONGREGATION GATES OF HEAVEN

852 ASHMORE AVENUE, SCHENECTADY, NY 12309

PHONE: 518-374-8173

FAX: 518-374-3444

EMAIL: ELISA@CGOH.ORG

MEMBERSHIP INFORMATION FORM

Preferred Mailing Name(s): _____ Home Phone: _____

Home Address: _____

E-mail: _____ Fax: _____

Marital Status: ☐ Single ☐ Divorced ☐ Commitment ☐ Engaged - Wedding Date ____/____/____
 ☐ Separated ☐ Widowed ☐ Long-Term Couple ☐ Married - Anniversary Date ____/____/____

Adult #1 Full Name: _____

Maiden Name (where applicable): _____

Preferred First Name: _____

Preferred Title (Dr., Mrs., Ms.): _____ Date of Birth: ____/____/____

Preferred Gender Identity: _____

Hebrew Name (where applicable): _____

Parent's English & Hebrew Name: _____

Parent's English & Hebrew Name: _____

Adult #2 Full Name: _____

Maiden Name (where applicable): _____

Preferred First Name: _____

Preferred Title (Dr., Mrs., Ms.): _____ Date of Birth: ____/____/____

Preferred Gender Identity: _____

Hebrew Name (where applicable): _____

Parent's English & Hebrew Name: _____

Parent's English & Hebrew Name: _____

Religious tradition(s) in which you were raised (please check):

☐ Reform ☐ Conservative ☐ Reconstructionist
☐ Orthodox ☐ Non-Jewish ☐ None

Date of Conversion to Judaism (if applicable): _____

Religious tradition(s) in which you were raised (please check):

☐ Reform ☐ Conservative ☐ Reconstructionist
☐ Orthodox ☐ Non-Jewish ☐ None

Date of Conversion to Judaism (if applicable): _____

Occupation/position: _____

(Former if retired): ☐ Retired

Place of Employment: _____

Work Phone: _____ Fax (optional): _____

Education: _____

Preferred e-mail address: _____

Cell Phone: _____

Occupation/position: _____

(Former if retired): ☐ Retired

Place of Employment: _____

Work Phone: _____ Fax (optional): _____

Education: _____

Preferred e-mail address: _____

Cell Phone: _____

Membership Request and Payment Plan

I hereby request membership in Congregation Gates of Heaven for myself [and my family], and I agree, when accepted, to recognize my obligation to the Temple and my commitment to Judaism by paying my fair share of the expenses of the Congregation. I enclosed a check for at least one quarter's (3 months) dues per the appropriate category on the Dues Information sheet or provided credit card information (4% convenience fee for credit card use applies). I understand that I will be billed for my Capital Maintenance Fund pledge beginning with the next Temple quarterly billing cycle, based on the specific number of years for payment, and that my annual dues levels are approved by the Congregation at its annual meeting each May, and that resignation from the Congregation must be in writing to be honored. Membership is effective once approved at our next Board of Trustees meeting.

Signature

Board Approval

CGOH's financial commitment structure for the period of July 1, 2023 to June 30, 2024 is as follows:

FAMILY MEMBERSHIP COMMITMENT (MORE THAN ONE PERSON IN THE HOUSEHOLD): \$2,830

SINGLE MEMBERSHIP COMMITMENT (ONE PERSON IN THE HOUSEHOLD): \$1,905

No one is denied membership at Congregation Gates of Heaven for inability to pay the full membership commitment. Your membership is more valuable to us than the dollars you pay in. If you would like to have a private, confidential conversation about membership fees, please check here ____.

I hereby agree to pay my financial commitment for the current Temple fiscal year based on the yearly amount of \$_____ and a Capital Maintenance Fund pledge of \$1,000, payable over _____ (1-5) years. Young families with the oldest adult member under 30 may defer initiating payment until the oldest adult member reaches age 30 and then may begin payment using a 1-5 year period.

We accept payments in the following ways:

How often?

- ☐ I'll pay in full.
- ☐ Please bill me quarterly.
- ☐ Please bill me monthly.

How will you pay?

- ☐ My check made payable to CGOH is enclosed.
- ☐ I will set up an ACH direct payment from my bank. (We will contact you to help set this up.)
- ☐ Please charge my credit card. (There is a 3% convenience fee for all credit card payments.)

Name as it appears on credit card: _____

Credit Card Number: _____ Exp: _____ Security Code: _____

Address to which statements are mailed: _____

CHILDREN LIVING IN HOUSEHOLD

Name: _____ Middle: _____ Date of Birth: ____/____/____ Hebrew Name: _____

Name: _____ Middle: _____ Date of Birth: ____/____/____ Hebrew Name: _____

Name: _____ Middle: _____ Date of Birth: ____/____/____ Hebrew Name: _____

Name: _____ Middle: _____ Date of Birth: ____/____/____ Hebrew Name: _____

Name: _____ Middle: _____ Date of Birth: ____/____/____ Hebrew Name: _____

CHILDREN IN COLLEGE

Name: _____ Date of Birth: ____/____/____ College Attending: _____

Major: _____ Graduation Year: _____ College Address: _____

Name: _____ Date of Birth: ____/____/____ College Attending: _____

Major: _____ Graduation Year: _____ College Address: _____

Name: _____ Date of Birth: ____/____/____ College Attending: _____

Major: _____ Graduation Year: _____ College Address: _____

MARRIED CHILDREN

Name: _____ Date of Birth: ____/____/____ Address: _____

Name: _____ Date of Birth: ____/____/____ Address: _____

Name: _____ Date of Birth: ____/____/____ Address: _____

OTHER ADULT MEMBERS OF YOUR HOUSEHOLD

Name: _____ Date of Birth: ____/____/____ Relationship: _____

Name: _____ Date of Birth: ____/____/____ Relationship: _____

Yahrzeits

Name	Relationship (example - father of Richard)	Time of death (AM/PM)—before or after sunset
Yahrzeit #1: _____, _____	of _____	Date of Death: ____/____/____ AM/PM
Yahrzeit #2: _____, _____	of _____	Date of Death: ____/____/____ AM/PM
Yahrzeit #3: _____, _____	of _____	Date of Death: ____/____/____ AM/PM
Yahrzeit #4: _____, _____	of _____	Date of Death: ____/____/____ AM/PM
Yahrzeit #5: _____, _____	of _____	Date of Death: ____/____/____ AM/PM
Yahrzeit #6: _____, _____	of _____	Date of Death: ____/____/____ AM/PM
Yahrzeit #7: _____, _____	of _____	Date of Death: ____/____/____ AM/PM

JEWISH BACKGROUND, IF APPLICABLE (PLEASE CHECK YES OR NO)	
ADULT #1	ADULT #2
Religious School: <input type="checkbox"/> Y <input type="checkbox"/> N Hebrew Day School: <input type="checkbox"/> Y <input type="checkbox"/> N	Religious School: <input type="checkbox"/> Y <input type="checkbox"/> N Hebrew Day School: <input type="checkbox"/> Y <input type="checkbox"/> N
Hebrew School: <input type="checkbox"/> Y <input type="checkbox"/> N Post-Confirmation Class: <input type="checkbox"/> Y <input type="checkbox"/> N	Hebrew School: <input type="checkbox"/> Y <input type="checkbox"/> N Post Confirmation Class: <input type="checkbox"/> Y <input type="checkbox"/> N
Bat/Bar Mitzvah: <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> Confirmation: <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	Bat/Bar Mitzvah: <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> Confirmation: <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Hebrew Camp: <input type="checkbox"/> Y <input type="checkbox"/> N Visited Israel: <input type="checkbox"/> Y <input type="checkbox"/> N	Hebrew Camp: <input type="checkbox"/> Y <input type="checkbox"/> N Visited Israel: <input type="checkbox"/> Y <input type="checkbox"/> N
Temple/Synagogue Youth Group: <input type="checkbox"/> Y <input type="checkbox"/> N	Temple/Synagogue Youth Group: <input type="checkbox"/> Y <input type="checkbox"/> N
Adult Bat/Bar Mitzvah: <input type="checkbox"/> Y <input type="checkbox"/> N	Adult Bat/Bar Mitzvah: <input type="checkbox"/> Y <input type="checkbox"/> N

PREVIOUS/PRIMARY SYNAGOGUE AFFILIATION (IF ANY)	
Name of Synagogue: _____	Cemetery plots owned if any: _____
City & State: _____	Name of Cemetery: _____
Years Affiliated: _____	City & State: _____

AREAS OF INTEREST (PLEASE CHECK ALL THAT APPLY)	
ADULT #1	ADULT #2
NATIONAL ORGANIZATIONS: <div> <input type="checkbox"/> Sisterhood/WRJ <input type="checkbox"/> Brotherhood/MRJ </div> COMMITTEES: <div> <input type="checkbox"/> Endowment <input type="checkbox"/> Membership Engagement </div> <div> <input type="checkbox"/> Gates Quest <input type="checkbox"/> Ritual </div> <div> <input type="checkbox"/> Historical <input type="checkbox"/> Safety & Security </div> <div> <input type="checkbox"/> House & Grounds <input type="checkbox"/> Social Action </div> <div> <input type="checkbox"/> Life & Legacy <input type="checkbox"/> TCSC (Summer Interns) </div> <div> <input type="checkbox"/> Lifelong Learning <input type="checkbox"/> Ways & Means </div> SPECIAL AREAS OF INTEREST: <div> <input type="checkbox"/> Adult B’nai Mitzvah <input type="checkbox"/> Community Garden </div> <div> <input type="checkbox"/> Book Study Groups <input type="checkbox"/> Leisure Group </div> <div> <input type="checkbox"/> Clerical Volunteer <input type="checkbox"/> Library Volunteer </div> <div> <input type="checkbox"/> Chavurot <input type="checkbox"/> Mitzvah Day </div> <div> <input type="checkbox"/> Computer Skills Volunteer <input type="checkbox"/> Reyt (Friendship) </div>	NATIONAL ORGANIZATIONS: <div> <input type="checkbox"/> Sisterhood/WRJ <input type="checkbox"/> Brotherhood/MRJ </div> COMMITTEES: <div> <input type="checkbox"/> Endowment <input type="checkbox"/> Membership Engagement </div> <div> <input type="checkbox"/> Gates Quest <input type="checkbox"/> Ritual </div> <div> <input type="checkbox"/> Historical <input type="checkbox"/> Safety & Security </div> <div> <input type="checkbox"/> House & Grounds <input type="checkbox"/> Social Action </div> <div> <input type="checkbox"/> Life & Legacy <input type="checkbox"/> TCSC (Summer Interns) </div> <div> <input type="checkbox"/> Lifelong Learning <input type="checkbox"/> Ways & Means </div> SPECIAL AREAS OF INTEREST: <div> <input type="checkbox"/> Adult B’nai Mitzvah <input type="checkbox"/> Community Garden </div> <div> <input type="checkbox"/> Book Study Groups <input type="checkbox"/> Leisure Group </div> <div> <input type="checkbox"/> Clerical Volunteer <input type="checkbox"/> Library Volunteer </div> <div> <input type="checkbox"/> Chavurot <input type="checkbox"/> Mitzvah Day </div> <div> <input type="checkbox"/> Computer Skills Volunteer <input type="checkbox"/> Reyt (Friendship) </div>