

CONGREGATION GATES OF HEAVEN
852 ASHMORE AVENUE, SCHENECTADY, NY 12309
PHONE: 518-374-8173 FAX: 518-374-3444 EMAIL: KLAWS@CGOH.ORG

MEMBERSHIP INFORMATION FORM

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

Home Address: _____

E-mail: _____ Fax: _____

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

<p>Adult #1 Full Name: _____</p> <p>Maiden Name (where applicable): _____</p> <p>Preferred First Name: _____</p> <p>Preferred Title (Dr., Mrs., Ms.): _____ Date of Birth: ___/___/___</p> <p>Hebrew Name (where applicable): _____</p> <p>Parent 1 English & Hebrew Name: _____</p> <p>Parent 2 English & Hebrew Name: _____</p>	<p>Adult #2 Full Name: _____</p> <p>Maiden Name (where applicable): _____</p> <p>Preferred First Name: _____</p> <p>Preferred Title (Dr., Mrs., Ms.): _____ Date of Birth: ___/___/___</p> <p>Hebrew Name (where applicable): _____</p> <p>Parent 1 English & Hebrew Name: _____</p> <p>Parent 2 English & Hebrew Name: _____</p>
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<p>Religious tradition in which you were raised (please check):</p> <p><input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Reconstructionist <input type="checkbox"/> Orthodox <input type="checkbox"/> Non-Jewish <input type="checkbox"/> None</p> <p>Date of Conversion to Judaism (if applicable): _____</p>	<p>Religious tradition in which you were raised (please check):</p> <p><input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Reconstructionist <input type="checkbox"/> Orthodox <input type="checkbox"/> Non-Jewish <input type="checkbox"/> None</p> <p>Date of Conversion to Judaism (if applicable): _____</p>
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<p>Occupation/position: _____</p> <p>(Former if retired): <input type="checkbox"/> Retired</p> <p>Place of Employment: _____</p> <p>Work Phone: _____ Fax (optional): _____</p> <p>Education: _____</p> <p>Preferred e-mail address: _____</p>	<p>Occupation/position: _____</p> <p>(Former if retired): <input type="checkbox"/> Retired</p> <p>Place of Employment: _____</p> <p>Work Phone: _____ Fax (optional): _____</p> <p>Education: _____</p> <p>Preferred e-mail address: _____</p>
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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

Yahrzeit #1: _____, _____ of _____ Date of Death: __/__/__
Name Relationship (example - father of Richard)
Yahrzeit #2: _____, _____ of _____ Date of Death: __/__/__
Yahrzeit #3: _____, _____ of _____ Date of Death: __/__/__
Yahrzeit #4: _____, _____ of _____ Date of Death: __/__/__
Yahrzeit #5: _____, _____ of _____ Date of Death: __/__/__
Yahrzeit #6: _____, _____ of _____ Date of Death: __/__/__
Yahrzeit #7: _____, _____ of _____ Date of Death: __/__/__

JEWISH BACKGROUND (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 SYNAGOGUE AFFILIATION (IF ANY)

Name of Synagogue: _____	Cemetery plots owned if any:
City & State: _____	Name of Cemetery: _____
Years Affiliated: _____	City & State: _____

ABILITIES, INTERESTS & SKILLS (PLEASE CHECK ALL THAT APPLY)

ADULT #1	ADULT #2
NATIONAL ORGANIZATIONS: <input type="checkbox"/> Sisterhood/WRJ <input type="checkbox"/> Brotherhood	NATIONAL ORGANIZATIONS: <input type="checkbox"/> Sisterhood/WRJ <input type="checkbox"/> Brotherhood
COMMITTEES: <input type="checkbox"/> Administration <input type="checkbox"/> Membership	COMMITTEES: <input type="checkbox"/> Administration <input type="checkbox"/> Membership
<input type="checkbox"/> Adult Education <input type="checkbox"/> Publicity	<input type="checkbox"/> Adult Education <input type="checkbox"/> Publicity
<input type="checkbox"/> Art <input type="checkbox"/> Religious School	<input type="checkbox"/> Art <input type="checkbox"/> Religious School
<input type="checkbox"/> Audacious Hospitality <input type="checkbox"/> Ways & Means	<input type="checkbox"/> Audacious Hospitality <input type="checkbox"/> Ways & Means
<input type="checkbox"/> Budget & Finance <input type="checkbox"/> Youth	<input type="checkbox"/> Budget & Finance <input type="checkbox"/> Youth
<input type="checkbox"/> Cemetery	<input type="checkbox"/> Cemetery
<input type="checkbox"/> Historical	<input type="checkbox"/> Historical
<input type="checkbox"/> House & Grounds	<input type="checkbox"/> House & Grounds
<input type="checkbox"/> Social Action - Big Brother/Big Sister, Regional Food Bank Pleasant Valley School, Schenectady Day Nursery	<input type="checkbox"/> Social Action - Big Brother/Big Sister, Regional Food Bank Pleasant Valley School, Schenectady Day Nursery
SPECIAL AREAS OF INTEREST:	SPECIAL AREAS OF INTEREST:
<input type="checkbox"/> Adult Bar/Bat Mitzvah <input type="checkbox"/> Leisure Group	<input type="checkbox"/> Adult Bar/Bat Mitzvah <input type="checkbox"/> Leisure Group
<input type="checkbox"/> Book Study Groups <input type="checkbox"/> Library Volunteer	<input type="checkbox"/> Book Study Groups <input type="checkbox"/> Library Volunteer
<input type="checkbox"/> Clerical Volunteer <input type="checkbox"/> Mitzvah Day	<input type="checkbox"/> Clerical Volunteer <input type="checkbox"/> Mitzvah Day
<input type="checkbox"/> Chavurah <input type="checkbox"/> Reyut (Friendship)	<input type="checkbox"/> Chavurah <input type="checkbox"/> Reyut (Friendship)
<input type="checkbox"/> Computer Skills <input type="checkbox"/> Food Festival	<input type="checkbox"/> Computer Skills <input type="checkbox"/> Food Festival
<input type="checkbox"/> Volunteer <input type="checkbox"/> Volunteer	<input type="checkbox"/> Volunteer <input type="checkbox"/> Volunteer

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 (3% 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 monthly Board of Trustees Meetings.

Signature

Executive Director's notice of Board Approval

Congregation Gates of Heaven financial commitment structure for the period of July 1, 2019 to June 30, 2020 is as follows:

STANDARD MEMBERSHIP.....\$2,515
SINGLES & 1 ADULT FAMILIES.....\$1,690

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 painless and confidential conversation about your membership fees, please check here _____ and our Executive Director Laura Ehrich will reach out to you.

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 _____ (1-8) 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 1-8 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. (The CGOH bookkeeper, Sharon, will call you to assist in setting 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: _____

MC: _____ Visa: _____ Credit Card Number: _____ Exp: _____/_____

Address to which statements are mailed:
