

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, 2020 to June 30, 2021 is as follows:

STANDARD MEMBERSHIP.....\$2,590
SINGLES & 1 ADULT FAMILIES.....\$1,741

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 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. (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: _____

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

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		
Yahrzeit #1: _____	of _____	Date of Death: ____/____/____
<small>Name</small>	<small>Relationship (example - father of Richard)</small>	
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, 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 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

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

MEMBERSHIP INFORMATION FORM	
Preferred Mailing Name(s): _____ Home Phone: _____	
Home Address: _____	
E-mail: _____ Fax: _____	
Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Commitment <input type="checkbox"/> Engaged - Wedding Date <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
<input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Long-Term Couple <input type="checkbox"/> Married - Anniversary Date <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
Adult #1 Full Name: _____	Adult #2 Full Name: _____
Maiden Name (where applicable): _____	Maiden Name (where applicable): _____
Preferred First Name: _____	Preferred First Name: _____
Preferred Title (Dr., Mrs., Ms.): _____ Date of Birth: <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	Preferred Title (Dr., Mrs., Ms.): _____ Date of Birth: <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Hebrew Name (where applicable): _____	Hebrew Name (where applicable): _____
Parent's English & Hebrew Name: _____	Parent's English & Hebrew Name: _____
Parent's English & Hebrew Name: _____	Parent's English & Hebrew Name: _____
Religious tradition(s) in which you were raised (please check): <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	Religious tradition(s) in which you were raised (please check): <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
Date of Conversion to Judaism (if applicable): _____	Date of Conversion to Judaism (if applicable): _____
Occupation/position: _____ (Former if retired): <input type="checkbox"/> Retired	Occupation/position: _____ (Former if retired): <input type="checkbox"/> Retired
Place of Employment: _____	Place of Employment: _____
Work Phone: _____ Fax (optional): _____	Work Phone: _____ Fax (optional): _____
Education: _____	Education: _____
Preferred e-mail address: _____	Preferred e-mail address: _____

