



Membership at Congregation Gates of Prayer

By becoming a member of Congregation Gates of Prayer, you are joining an engaged, thriving community committed to finding connection with Jewish tradition. We offer a wide range of opportunities to engage spiritually, educationally, and socially in Jewish life. We are dedicated to innovating and reimagining how Judaism can be meaningful, led first and foremost by the passions and interests of our congregants.

Congregation Gates of Prayer is a warm, welcoming community. The pledge amounts below are based on our annual operating budget. Your contribution ensures that our community is not only maintained but continues to grow and develop along with you and your family. Membership is one of many ways to invest and contribute to this kehillah, this sacred community.

Base Membership – We encourage a contribution of 2% of gross annual income including salary, interest, dividends, royalties etc. For those with gross annual income below \$37,500, we suggest a \$750 commitment. Annual commitments do not include JFLEx (religious school), B'nai Mitzvah, Sisterhood, Brotherhood, or Gates Preschool fees.

Multi-Synagogue Membership - This option is ideal for families or individuals who maintain primary membership at another synagogue. These persons may be permanent or temporary residents of the Greater New Orleans region.

Every household is an important and equal part of Congregation Gates of Prayer. We strive to meet the needs of everyone wishing to be part of our congregational family and no one is turned away due to financial considerations. If you are unable to commit to the amount for Base Membership, we encourage you to contact our Executive Director at wendy@gatesofprayer.org. Conversations will remain confidential.

At Congregation Gates of Prayer, we value transparency and accessibility. Our Board of Trustees, under the guidance of the Membership Vice President, oversees the new member approval process. As you consider membership, please do not hesitate to reach out. Our clergy, staff and board members are available to answer your questions or concerns.

Membership Application



Adult Member (A)

Name: _____
First Middle Last

Preferred Name: _____ Hebrew Name: _____

Preferred Pronouns: _____

Date of Birth: ____ / ____ / ____

Marital Status: ☐ Single ☐ Partnership ☐ Married Anniversary Date: ____ / ____ / ____

Occupation: _____ Employer: _____

Primary Phone: () _____ - _____ Cell Phone: () _____ - _____

Please check which e-mail is preferred for contact:

☐ Personal E-mail: _____ ☐ Work E-mail: _____

Home Address

Street: _____ City: _____ Zip Code: _____

Emergency Contact

Name: _____ Relationship: _____

Phone Number: () _____ - _____

Address: _____

Membership Application



Adult Member (B)

Name: _____
First Middle Last

Preferred Name: _____ Hebrew Name: _____

Preferred Pronouns: _____

Date of Birth: ____ / ____ / ____

Marital Status: ☐ Single ☐ Partnership ☐ Married Anniversary Date: ____ / ____ / ____

Occupation: _____ Employer: _____

Primary Phone: () _____ - _____ Cell Phone: () _____ - _____

Please check which e-mail is preferred for contact:

☐ Personal E-mail: _____ ☐ Work E-mail: _____

Home Address

Street: _____ City: _____ Zip Code: _____

Emergency Contact

Name: _____ Relationship: _____

Phone Number: () _____ - _____

Address: _____

Membership Application



Children (including adult children)

Child 1

Name: _____
First Middle Last

Preferred Name: _____ Hebrew Name: _____

Preferred Pronouns: _____ Date of Birth: ____ / ____ / ____ Grade: ____

School: _____ Expected or celebrated Bar/Bat Mitzvah in year: ____

Home Address (if different from Adult Member A and B)

Street: _____ City: _____ Zip Code: _____

Emergency Contact ☐ Please designate this contact as the emergency contact for all listed children

Name: _____ Relationship: _____

Phone Number: () _____ - _____

Address: _____

Child 2

Name: _____
First Middle Last

Preferred Name: _____ Hebrew Name: _____

Preferred Pronouns: _____ Date of Birth: ____ / ____ / ____ Grade: ____

School: _____ Expected or celebrated Bar/Bat Mitzvah in year: ____

Home Address (if different from Adult Member A and B)

Street: _____ City: _____ Zip Code: _____

Emergency Contact (If different from previously listed child)

Name: _____ Relationship: _____

Phone Number: () _____ - _____

Address: _____

Membership Application



Children (including adult children)

Child 3

Name: _____
First Middle Last

Preferred Name: _____ Hebrew Name: _____

Preferred Pronouns: _____ Date of Birth: ____ / ____ / ____ Grade: ____

School: _____ Expected or celebrated Bar/Bat Mitzvah in year: ____

Home Address (if different from Adult Member A and B)

Street: _____ City: _____ Zip Code: _____

Emergency Contact ☐ Please designate this contact as the emergency contact for all listed children

Name: _____ Relationship: _____

Phone Number: () _____ - _____

Address: _____

Child 4

Name: _____
First Middle Last

Preferred Name: _____ Hebrew Name: _____

Preferred Pronouns: _____ Date of Birth: ____ / ____ / ____ Grade: ____

School: _____ Expected or celebrated Bar/Bat Mitzvah in year: ____

Home Address (if different from Adult Member A and B)

Street: _____ City: _____ Zip Code: _____

Emergency Contact (If different from previously listed child)

Name: _____ Relationship: _____

Phone Number: () _____ - _____

Address: _____

Membership Application



General Information

Do you have any friends or family who are current members of CGOP?

Name

Relationship

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Memorials

Yahrzeits are observed and announced on the Shabbat following the anniversary of death. For those you wish remembered, please list the name, their relationship to a family member, and the English month, day and year of death.

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☐ I prefer to observe the Hebrew date.

Congregation Gates of Prayer maintains its membership data for official congregation use only. Members may choose to be included in the Member Directory which is distributed only to congregants.

☐ Yes, include my information in the Member Directory

☐ No, do not include my information in the Member Directory

Are there any special needs in your family which we should be aware of? If yes, please explain.

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Are you currently a member of a congregation? If so, please provide the name and address:

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I would like more information about:

- ☐ The Gates Preschool (3 months - Pre-K)
- ☐ JFLEx (Religious School, Pre-K – 10th grade)
- ☐ JewCCY Community Youth Group (9th – 12th grade)
- ☐ Tribe (20's and 30's group)
- ☐ Sisterhood
- ☐ Brotherhood
- ☐ Choir

Membership Application



Payment Information

We/I hereby apply for membership at Congregation Gates of Prayer and agree to abide by its constitution. We agree to apply at the following membership financial commitment level.

- ☐ Base Membership
- ☐ Multi-Synagogue Membership
- ☐ Modified Membership (please contact administrator@gatesofpayer.org so that we may discuss how to meet your financial needs)

Subject to the approval by the Board of Trustees, we/I agree to contribute annual dues of

\$ _____

- ☐ Annually (due June 30th)
- ☐ Monthly – 12 payments (due monthly July 31st – June 30th)

We/I submit our first contribution for dues in the amount of \$ _____

Signature of Member A: _____

Date: ____ / ____ / ____

Signature of Member B: _____

Date: ____ / ____ / ____

☐ Approved by the Board of Trustees

Date: ____ / ____ / ____