

# Membership Application



**3800 Louisiana Blvd. NE ☆ Albuquerque, NM 87110 ☆ Phone: 505-883-1818**

**Adult Applicant (A):**     Male     Female  
 Single     Divorced     Partnered  
 Married - Anniversary Date:

Name:  
 Preferred Name:  
 Hebrew Name:  
 Date of Birth:  
 Home Address:  
 City & Zip:  
 Home Phone:  
 Cell Phone:  
 Occupation:  
 Employer:  
 Work Phone:  
 Email:

**Adult Applicant (B):**     Male     Female  
 Single     Divorced     Partnered  
 Married - Anniversary Date:

Name:  
 Preferred Name:  
 Hebrew Name:  
 Date of Birth:  
 Home Address:  
 City & Zip:  
 Home Phone:  
 Cell Phone:  
 Occupation:  
 Employer:  
 Work Phone:  
 Email:

## Contact Information:

**How would you like your name(s) to appear on Temple mailings?** (*We will do our best to accommodate your request within system capabilities.*)

**Applicant A:**

**Applicant B:**

**What is the best way for us to contact you?**

**Applicant A:**

**Applicant B:**

### Emergency Contact - Applicant (A)

Name:  
 Phone:  
 Relationship:

### Emergency Contact - Applicant (B)

Name:  
 Phone:  
 Relationship:

*Office Use Only*

**Approved**

**Member ID**

**MM2000**

**Accounting**

**Yahrzeit**

**Welcome letter**

**Clergy letter**

**Membership Committee**

### Religious Tradition:

**Applicant A:** Religious tradition raised?  Reform  Conservative  Orthodox  Secular  
 Other Faith/Tradition (Please Specify)

**Applicant B:** Religious tradition raised?  Reform  Conservative  Orthodox  Secular  
 Other Faith/Tradition (Please Specify)

### Previous Congregational Affiliation:

Name of Congregation & location:  
When? For how long? Have you been active in Synagogue life?  Yes  No  
If so, in what capacity?  
Reason for resignation? Date:

### Other Community Affiliations or Memberships

Please list Boards of Directors, cultural organizations, clubs, and/or Jewish organizations:

**How did you hear about Congregation Albert?**  Internet/Website (Please Specify)  
 Friends  Family Members  Attended Services  Clergy/Staff  
 Member as a Child  Interfaith Programs  Media  Other (please specify):

**Please indicate which of the following influenced your decision to join Congregation Albert:**

Friends/ Family  Location  Clergy  School  Other (please specify):

**Would you like a buddy (current member) to acquaint you with the congregation?**  Yes  No

**Are you a member of another Albuquerque congregation?**  Yes  No If YES, which one?

Formerly a member of: From: To:  
City, State & Zip: Phone:

### Please tell us about your child(ren)...

Feel free to copy this page to add additional children...

**Child One:**  Male  Female

Name:

Nickname:

Date of Birth:

Previous Religious School Attendance:  Yes  No

Grade in Secular School:

Bar/Bat Mitzvah?  Yes  No Date:

Confirmation?  Yes  No Date:

Attending College?  Yes  No Where?

Please tell us about any special needs your child has:

Are you interested in Congregation Albert's Toddler Program for this child?  Yes  No

**Child Two:**  Male  Female

Name:

Nickname:

Date of Birth:

Previous Religious School Attendance:  Yes  No

Grade in Secular School:

Bar/Bat Mitzvah?  Yes  No Date:

Confirmation?  Yes  No Date:

Attending College?  Yes  No Where?

Please tell us about any special needs your child has:

Are you interested in Congregation Albert's Toddler Program for this child?  Yes  No

**My child(ren) would be interested in learning more about:** (Please list name of child(ren) interested below)

- HASHIRAH - Youth Choir
- CAST - Teen Musical/Drama Club
- CJAY - 4<sup>th</sup> & 5<sup>th</sup> Grade Club
- CHAYPER – Jr. Youth Group (7<sup>th</sup> & 8<sup>th</sup> Grades)
- TASTY - Senior Youth Group (9<sup>th</sup>- 12<sup>th</sup> Grades)

**Adult Children** (list names and addresses):

**Grandchildren** (list names, addresses, & date of birth):

**YOUR SPIRITUAL AND SOCIAL COMMITMENT TO CONGREGATION ALBERT**

THE OPPORTUNITY TO BECOME INVOLVED IN TEMPLE LIFE IS ALMOST LIMITLESS. FROM BEING A PART OF THE RELIGIOUS PRACTICES COMMITTEE, TO JOINING A CHAVURAH, TO VOLUNTEERING IN OUR BUSINESS OFFICE OR STRETCHING YOUR VOICE WITH ZAMIR (OUR ADULT CHOIR). WE HOPE YOU AND YOUR FAMILY WILL BECOME AS INVOLVED AS TIME AND ENERGY ALLOWS.

**I would like to VOLUNTEER in the following areas...**

	<u>Applicant A</u>	<u>Applicant B</u>
• Gift Shop	<input type="checkbox"/>	<input type="checkbox"/>
• Assisting with Temple Mailings	<input type="checkbox"/>	<input type="checkbox"/>
• Temple Office (Morning or Afternoons)	<input type="checkbox"/>	<input type="checkbox"/>
• Ushering at a Shabbat Service	<input type="checkbox"/>	<input type="checkbox"/>

**Please let us know which COMMITTEES or PROGRAMS you are interested in...**

<b>COMMITTEES:</b>	<u>Applicant A</u>	<u>Applicant B</u>	<b>PROGRAMS:</b>	<u>Applicant A</u>	<u>Applicant B</u>
• Archives/Library	<input type="checkbox"/>	<input type="checkbox"/>	• Adult Education	<input type="checkbox"/>	<input type="checkbox"/>
• Bulletin	<input type="checkbox"/>	<input type="checkbox"/>	• Anshe Mitzvah (Adult Bar/Bat Mitzvah)	<input type="checkbox"/>	<input type="checkbox"/>
• Caring	<input type="checkbox"/>	<input type="checkbox"/>	• Brotherhood	<input type="checkbox"/>	<input type="checkbox"/>
• House & Grounds	<input type="checkbox"/>	<input type="checkbox"/>	• Sisterhood	<input type="checkbox"/>	<input type="checkbox"/>
• Membership	<input type="checkbox"/>	<input type="checkbox"/>	• Chavurah	<input type="checkbox"/>	<input type="checkbox"/>
• Education/Youth	<input type="checkbox"/>	<input type="checkbox"/>	• Outreach	<input type="checkbox"/>	<input type="checkbox"/>
• Social Action (Includes: IHN – Interfaith Hospitality Network)	<input type="checkbox"/>	<input type="checkbox"/>	• Zamir (Adult Choir)	<input type="checkbox"/>	<input type="checkbox"/>

**Applicant(s) A & B:**

Are there any specific programs which we do not offer, that you would be interested in?

Do you have any special skills you would like to contribute to the congregation?

**Yahrzeit Record**

**Applicant A:** Request information on:  Burial plot in Congregation Albert Cemetery  Memorial Plaque(s)

FULL NAME OF DECEASED	RELATIONSHIP <i>To Applicant A</i>	DATE	
		Please select English (E) or Hebrew(H)	

**Applicant B:** Request information on:  Burial plot in Congregation Albert Cemetery  Memorial Plaque(s)

FULL NAME OF DECEASED	RELATIONSHIP <i>To Applicant B</i>	DATE	
		Please select English (E) or Hebrew(H)	

**I (we) have completed the new member financial pledge form and are enclosing it with this application.**

**I (we) hereby apply for membership in Congregation Albert. If I (we) become a member, I (we) agree to abide by the By-laws, rules, and regulations of the Congregation, including the timely payment of dues, fees, building fund, and any other charges as approved by the Board of Trustees. I (we) understand that failure to do so may result in suspension or termination of my (our) membership, but will not relieve me (us) of the obligation to pay any previously incurred dues or fees. Members must pay in full for the year in which they resign. All resignations from the Congregation must be in writing.**

*Applicant A Signature:*

**Date:**

*Applicant B Signature:*

**Date:**

*Membership applications are subject to review and approval by our Board of Trustees at its monthly meetings*