



Membership Application

Youth Section

Personal Information *(please print)*

Youth Name:		
Other names used: (nicknames, etc.)		
Physical Home Address*:		
Mailing Address:		
City, State, Zip:		
Nine-Digit Zip**:		
Phone:	Email:	
Gender:	Age:	Date of birth:
Ethnicity:		
Parent/Guardian Name #1:		
Parent/Guardian Name #2:		
School/Program Attending:		
Current Grade:		

Adult Section

Adult Name:	
Other names used: (nicknames, etc.)	
Physical Home Address*:	
City, State, Zip:	
Mailing Address:	
Nine-Digit Zip**:	
Phone:	Email:
Gender:	
Ethnicity:	
Employer:	
Title/position:	
Business Phone:	
Other contact information:	

Youth Member Legislative District Section

Senate District: #	Sen.:
Representative District: #	Rep.:
Congressional District: #	Congressman:
<p>* Using your physical home address, you can find your senate & house district online! Go to www.legis.state.nm.us Click on "find your legislator" and enter your zip code. You will need your 9 digit ZIP code. **To find your 9 nine digit zip code, go to http://zip.usps.com/zip4/welcome.jsp.</p>	

Reference Section

Please list at least two ADULT mentors, partners, teachers, and employers who have known you for at least a year or two. No relatives please.

Reference name	Phone number	Address

Membership Application Certification Section

We both understand that if selected to participate in the New Mexico Youth Alliance, we fully understand the role that we must undertake. We also understand the responsibilities that we are accountable for and agree to follow as we complete the two year commitment.

We also both understand any misrepresentation or omission of any material fact on this application may result in the possible disqualification to join the New Mexico Youth Alliance.

Also any behavioral misconduct will garner the possible termination of our partnership within the New Mexico Youth Alliance. We have both read and understand what is expected.

Youth Member Signature/Date

Adult Member Signature/Date