



## 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:		

### Youth Member Legislative District Section

Senate District: #	Sen.:
Representative(House) District: #	Rep.:
Congressional District: #	Congressman:
<p style="color: red; font-size: small;">*Using your physical address, you can find your senate and house district online. Go to <a href="http://www.legis.state.nm.us">www.legis.state.nm.us</a> Click on "members" and click on "find your legislator" and enter your zip code. You will need your 9 digit ZIP code. **To find your 9 digit zip code go to <a href="http://zip4.usps.com/zip4/welcome.jsp">http://zip4.usps.com/zip4/welcome.jsp</a></p>	

## Adult Partner 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:

### Each adult partner agrees to meet the following responsibilities:

- Serve as a mentor to one or more youth representatives (but no more than three), enabling them to become strong leaders and policy experts.
- Help representatives reflect on their youth alliance experiences and connect them to community needs.
- Assist, as needed, with the production of materials and other tasks.
- Provide adult perspectives and help to mediate relationships with other adults in the community.
- Attend the four statewide Youth Alliance meetings annually, providing transportation for one or more youth representatives.
- Be role models as life-long learners, recognizing that even adults can learn a lot about youth development and New Mexico public policy from the Youth Alliance experience.
- Provide support within the context of a youth-adults partnership, avoiding the pitfalls of attempting to control youth behavior or opinion, dominating what should be youth-led meetings, or failing to support the youths' development of critical thinking and problem- solving skills by supplying all the solutions.





## 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*

**Please submit completed application to New Mexico Youth Alliance Project Director Moneka Stevens-Cordova via email, fax, or mail at:**

**Email:** moneka@nmforumforyouth.org

**Fax:** (505)242-2776

**Mailing Address:** NM Youth Alliance

924 Park Ave. SW Ste. E

Albuquerque, NM 87102