



Hindu Temple Society of the Capital District, Inc.
Loudonville, NY 12211

Membership Application Form-20__

Tel: 518-459-7272 • www.albanyhindutemple.org

Date: _____ Receipt No & Date _____

Check ☐ Family ☐ Individual (For Family Includes Both Names in the house)

Name: _____ Spouse: _____

Address: _____

Phone: _____ Email: _____

Email address of kids older than 21 (Optional) _____

Newsletter: Do you currently receive Email newsletter: ☐ Yes ☐ No
If not, would you like to receive Email newsletter: ☐ Yes ☐ No

Membership: Have you been a member previously: ☐ Yes ☐ No

Select one:* Wish to be a Voting ☐ Wish to be Non-voting member ☐

1. Beginning 2010, it is essential to become a member by January if you wish to contest the election that are held during November of the calendar year. Any membership forms that are received later than January will not be able to contest the election but will be eligible to vote based on meeting the requirements of the constitution and will also be enjoy the other benefits of membership that are listed below.
2. *If you do not reside within 100 miles of the Temple premises, please consider becoming a non-voting member to simplify meeting quorum requirements. Nonvoting member has all the rights and privileges but cannot vote in the elections or on any resolutions brought before the General Body for its approval. You can become a voting member later by sending a written notification to the Temple.
3. Any person over the age of 18 years who shares and promotes the ideals and goals of HTS shall be eligible for membership, irrespective of color, creed, caste, nationality, or gender without any restriction.

A member is in good standing when his/her membership application has been submitted and approved by the membership committee, and dues and assessments, if any, for the current year are paid at least five weeks before the annual election meeting.

Receipt Number (Required only if annual member) & Date _____

Membership Category (Please check one) ☐ Life Member- \$5000/paid in 5 years. ☐ Annual-\$100/year (Single)
☐ Annual-\$150/year (Family)

First Member Signature

Second Member Signature

Please make **check payable to: Hindu Temple Society**

Mail check and application to: Hindu Temple Society, 450 Albany Shaker Road, Albany NY 12211

Or you can also drop it off at the Temple in the drop- box at the front desk if you prefer. Any questions, please send an email to albanyhindutemple@gmail.com with attention to the Membership Secretary or contact any of the trustees listed on <https://www.hindutemplealbany.org>

Membership Application ☐ Approved ☐ Not Approved

Signed By _____ Chair, Membership Committee