Albany Sanatani Mandir

387 Krumkill Road, Albany, NY 12203

Membership Application Form-2026

E: albanysanatani387@gmail.com ▪ www.albanysanatanimandir.org

Date: _____

Name: _____**Spouse (if applicable)**: _____

Total household: _____ **Children 0-6:** _____**Children 6-12:** ____**Children 12+:** ____

Address: _____

Phone: _____ **Email:** _____

Have you been a member previously? ☐ Yes ☐ No

Membership Benefits:

1. Invitations to all mandir events and festivals.
2. Priority registration for special programs.
3. Access to children's education and cultural activities.
4. Regular updates and newsletters.
5. Opportunity to participate in community service and volunteer activities.

Eligibility: Anyone over the age of 21 who supports Mandir's values may apply. **Membership is valid upon approval of your application and payment of fees.**

Membership Category: ☐ **Family**- $50/month

Member Signature: _____

Please make check payable to: **Albany Sanatani Mandir**

Or apply online at: https://albanysanatanimandir.org/membership

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For Office Use Only

Membership Application (Check): ☐ Approved ☐ Not Approved

Signed By: _____ Secretary, Membership Committee

Consent for Notifications

☐ I consent to receive text messages and/or email notifications about Albany Sanatani Mandir events and activities.

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ASM Ananda Pathsala Enrollment Form-2026

E: albanysanatani387@gmail.com ▪ www.albanysanatanimandir.org

Date: _____

Child-1 Name & DOB: _____

Child-2 Name & DOB (if applicable): _____

Child-3 Name & DOB (if applicable): _____

Parent(s) Name: _____

Address: _____

Phone: _____ **Email:** _____

Membership: Are you currently a Temple member? ☐ Yes ☐ No

√ "Free for Member Children"

Consent and Agreement:

☐ Three months free from enrollment date for non-members.
☐ Automatic monthly payments after three months (for non-members).
☐ $15/month for one child or $20/month for two children (for non-members only).
☐ I have read and agree to the terms and conditions.
☐ I consent to the automatic payment process (if applicable).
☐ My child will learn in a friendly, supportive environment.
☐ I have reviewed all information before enrolling.

Non-Member fee after the First Three months:

☐ **One child**: $15/month ☐ **Two children**: $20/month

Parent Signature: _____Date: _____

Payment: Check payable to: **Albany Sanatani Mandir** or Zelle to albanysanatani387@gmail.com

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☐ Enrollment Approved ☐ Enrollment Not Approved

Signed By: _____ General Secretary