



**Northwest New Mexico Emmaus Community
TEAM MEMBER FORM**

Name _____

Address: _____

City: _____ State: _____ Zip Code: _____

Hm Phone: _____ Wk phone: _____ Cell: _____

Email: _____

Name and Denomination of Church Now Attending: _____

Do you receive Community emails? Yes _____ No _____

Your emergency contact:

Name: _____ Relationship: _____

Phone: Home/cell: _____ Work: _____

Email address: _____

Are you on a special diet? Yes _____ No _____ If yes, please list restrictions or needed inclusions:

If you are on special medication, have a health problem or a physical handicap that may affect your serving at a Walk to Emmaus, please specify:

Do you snore? Yes _____ No _____ Do you smoke? Yes _____ No _____

Please enclose a check, made payable to **NW New Mexico Emmaus**, for the full amount for the walk that you are serving. In the event that you must cancel, or if special arrangements must be made to fulfill financial obligations, please notify the Registrar immediately.

Team Member signature _____ Date _____

EMMAUS REGISTRAR P.O. Box 3624 Albuquerque, NM 87190