

East Brunswick



2008-2009

## YOUTH COUNCIL MEMBERSHIP APPLICATION

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (732) \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ @ \_\_\_\_\_

School \_\_\_\_\_ Student ID Number: \_\_\_\_\_ Grade: 9 10 11 12

List Groups, Organizations, Extra-Curricular Activities You Are Involved In: \_\_\_\_\_  
\_\_\_\_\_

List Interests, Hobbies, Talents, Etc: \_\_\_\_\_

What are you most interested in? Please check all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Social & Recreation | <input type="checkbox"/> School Issues/Education |
| <input type="checkbox"/> Community Service   | <input type="checkbox"/> Ski & Snowboard         |
| <input type="checkbox"/> Environmental       | <input type="checkbox"/> Volleyball/Basketball   |
| <input type="checkbox"/> Fundraising         |  |

**(Must check off a minimum of one)**

Suggestions: \_\_\_\_\_

**BOTH SIDES OF MEMBERSHIP APPLICATION MUST BE COMPLETED**

**PARENT/GUARDIAN INFO**

	MOTHER/GUARDIAN	FATHER/GUARDIAN
NAME		
ADDRESS		
HOME PHONE		
WORK PHONE		
CELL PHONE		
EMAIL		

I agree to adhere to the bylaws and code of behavior outlined by the Youth Council.  
If I fail to follow any of the rules, I understand that my membership will be revoked.

Signature \_\_\_\_\_ Date \_\_\_\_\_