2024 APPLICATION FOR MEMBERSHIP

(Please send this form to The Secretary,
secretary@youthcentre.org.au)

FAMILY NAME……

GIVEN NAMES……..DATE OF BIRTH……

RESIDENTIAL ADDRESS……..

POSTAL ADDRESS…….. POSTCODE……

HOME PHONE …….. MOBILE……..

WORK CONTACT……EMAIL ……..

Membership Questionnaire:

1. **Are you currently actively involved with programs run by OCCYC? If so, how long have you been actively involved and in what capacity?**

2. **Please list your reasons for applying to be a Member?**

3. **What excites you about the work the Association delivers and what contribution have you made to the Centre's objectives?**

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4. **How has your past experience supported the objectives of the Association?**

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NOMINATION:

Nomination Proposed by Current Member

FULL NAME: _____

SIGNATURE: _____

Nomination Seconded by Current Member

FULL NAME: _____

SIGNATURE: _____

I acknowledge that I will follow OCCYC Constitution and other rules in particular the code of conduct and the Policy on Child Protection.

NAME: ……SIGNATURE……..
DATE……

PLEASE SELECT ONE CATEGORY YOU WISH TO APPLY UNDER

CATEGORY	MEMBERSHIP ENDS 31ST DECEMBER 2023
☐ ASSOCIATE MEMBER	**$0.00** (non voting member)
☐ ORDINARY	**$0.00**

Please note: Membership is from 1 January to 31 December annually.

OFFICE USE ONLY

Approved YES/NO ……Committee meeting date……..

Signed…….. Oxenford & Coomera Community Youth Centre Inc.