

**YOUTHTOWN MEMBERSHIP  
APPLICATION FORM  
2020 – 2021**



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FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ SUBURB & CITY: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

EMPLOYER OR BUSINESS NAME (IF SELF EMPLOYED): \_\_\_\_\_

PH WORK: \_\_\_\_\_ MOBILE: \_\_\_\_\_ PH HOME \_\_\_\_\_

EMAIL: \_\_\_\_\_ DRIVERS LICENSE NUMBER: \_\_\_\_\_

REASON YOU WANT TO BE A MEMBER: \_\_\_\_\_

HISTORY OR CONNECTION WITH YOUTHTOWN:- \_\_\_\_\_

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**TERMS & CONDITIONS OF MEMBERSHIP:**

**As a Member of Youthtown I agree/understand:**

- To pay annual Membership Fee of \$1
- Membership must be approved by Board of Directors before it is valid
- Valid memberships are for 12 months.
- Memberships cannot be put on hold, refunded or transferred
- By signing this form I agree to be bound by the Youthtown Inc. Rules.

Signed:

Date:

[ ] Please tick if you want to be included on our email lists for newsletters and other information. These can be unsubscribed from at any time.

Please forward your completed application form to [amie@youthtown.org.nz](mailto:amie@youthtown.org.nz).  
Applications close 5pm, 20<sup>th</sup> October 2020