

YOUTH ACTION GROUP – MEMBERSHIP APPLICATION



YOUR DETAILS

Full name		
Address		
Email		
Date of birth	Mobile	Home Ph.
Do you have any accessibility needs?		

YOUR INTERESTS

Which youth issues interest you?
What skills / ideas are you bringing to the Youth Action Group?
What are you doing right now? (Study? Work? Hobbies?)

YOUR EMERGENCY CONTACT

Name	Relationship
Mobile	

YOUR DECLARATION (PLEASE TICK AS READ)

<input type="checkbox"/> I confirm that the information I have provided in this application is true and correct to the best of my knowledge.	
<input type="checkbox"/> I acknowledge that the Alice Springs Town Council (ASTC) is an alcohol, tobacco and other drugs free program and I will not consume alcohol, tobacco and other drugs while I am involved in Youth Action Group (YAG) activities.	
<input type="checkbox"/> I grant permission to ASTC to use photographs / video of me in Council publications, media releases, social media and other YAG-related marketing collateral.	
Applicant signature	Date:

NOTE! IF YOU ARE UNDER 18 YEARS, PLEASE HAVE A PARENT OR GUARDIAN SIGN ON YOUR BEHALF

Full name of parent/guardian/carer	
Relationship to applicant	
Signature:	Date

YOUR TOWN. YOUR VOICE. YOUR IDEAS.

