

Greater Delray Beach Youth Council

Membership Application

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

AGE \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

List any current memberships you may have in school or community organizations/clubs: *(not required)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Youth Council meets two times per month to conduct business. Participation in the Youth Council-sponsored activities may require some evening and weekend attendance. When you become a member, you must be willing and available to participate.

I am willing to become a member of the Greater Delray Beach Youth Council and understand the commitment of my time and energy.

\_\_\_\_\_  
Signature of Youth Member

\_\_\_\_\_  
Date