



Membership Application Form

I/We wish to make application to join Youth Connect Inc. as an

- Individual / Community Member
- School / Organisational Member
- Business / Employer Member

For Individual / Community Members

Full Name of Applicant

For School / Organisational Members

School / Organisation Name

For Business / Employer Members

Business Name

*For a **School/Organisation** or **Business** to apply to join Youth Connect, an application on behalf of an organisation must be signed by a person with the requisite authority, such as the Director, Principal or other authorised officer as well as the nominated representative.*

Nominated Representative

Signature of Authorised Officer

Position held in Organisation

Position held in Organisation

If admitted as a member of Youth Connect Inc. I/we agree to be bound by the Rules of Association. A copy of the Rules is available at www.youthconnect.com.au or by contacting the office on ph. 9557 6233

Signature of Applicant

Date

Contact details:

Phone No

Fax No

Email

Postal Address

Please return this form to Youth Connect by:

Email: admin@youthconnect.com.au

Fax: 03) 9557 6244

Post: Youth Connect Membership
Ground Floor, 261 Centre Road
Bentleigh VICTORIA 3204