

**Membership Application Form**

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| **Your Full Name** |  |
| **Address** |  |
| **Phone No.** |  |
| **Email Address** |  |
| **Date of Birth** (DD/MM/YY) |  |
| **The School You Attend** |  |
| **Days & Times You Can Help** |  |

**Tell us about yourself!**

Why do you want to be a part of the Ocean Acres Youth Group?

What special skills or knowledge do you think you can share?

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| **Name of Parent/Guardian** |  | **Today’s Date** |  |
| **Relationship to the Applicant** |  |

*Please complete and return this form by email, post or in person (thank you).*