



# 2024 APPLICATION FOR MEMBERSHIP

(Please send this form to The Secretary,  
secretary@youthcentre.org.au)

FAMILY NAME.....

GIVEN NAMES.....DATE OF BIRTH.....

RESIDENTIAL ADDRESS.....

POSTAL ADDRESS..... POSTCODE.....

HOME PHONE ..... MOBILE.....

WORK CONTACT.....EMAIL .....

Membership Questionnaire:

1. Are you currently actively involved with programs run by OCCYC? If so, how long have you been actively involved and in what capacity?

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2. Please list your reasons for applying to be a Member?

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3. What excites you about the work the Association delivers and what contribution have you made to the Centre's objectives?

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4. How has your past experience supported the objectives of the Association?

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**NOMINATION:**

Nomination Proposed by Current Member

FULL NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Nomination Seconded by Current Member

FULL NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**I acknowledge that I will follow OCCYC Constitution and other rules in particular the code of conduct and the Policy on Child Protection.**

NAME: .....SIGNATURE.....  
DATE.....

PLEASE SELECT ONE CATEGORY YOU WISH TO APPLY UNDER

CATEGORY	MEMBERSHIP ENDS 31 <sup>ST</sup> DECEMBER 2023
<input type="checkbox"/> ASSOCIATE MEMBER	<b>\$0.00</b> (non voting member)
<input type="checkbox"/> ORDINARY	<b>\$0.00</b>

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Please note: Membership is from 1 January to 31 December annually.

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**OFFICE USE ONLY**

Approved YES/NO .....Committee meeting date.....

Signed..... Oxenford & Coomera Community Youth Centre Inc.