

Application
City of University Place Youth Council

Name: _____
Age: ____ Grade: ____ School: _____
Address: _____
Phone: (____) _____ - _____

Please check the box that applies to what level of membership you are applying for:

- Regular Membership: You are interested in helping out, but are not planning to make a full commitment to the UPYC.
- Commissioned Membership: You are planning on following the UPYC guidelines for membership and are committed to helping the UPYC reach its goals.

School Activities: _____

Community Activities: _____

Volunteer Service: _____

List some project or activity ideas you have for the UPYC to complete: _____

What do you think the most important goal of the UPYC should be? _____

References:
1. _____
2. _____

Applicant Signature _____ Date _____ Parent Signature _____ Date _____

For Official Use Only				
Date	By	Acc/Den	Pres. Ini.	Member #