



Ballina Shire Youth Council

Membership Application

Name: (please print) _____

Address: _____

Age : _____

Phone: _____

Mobile: _____

Email: _____

Gender (please circle) Male Female

Are you of Aboriginal and Torres Strait Islander descent? _____

Why would you like to be part of the Ballina Shire Youth Council?

What/how do you feel you can contribute to the Youth Council?

Please tell us of any issues that you feel are particularly important to young people in Ballina Shire.

Your Signature: _____

Date: _____

NB This information will be used solely for the purpose of selection for appointment to the Ballina Shire Youth Council

Parent /Guardian Authorisation

If you are under 18 years of age your parent/guardian is required to agree to your application. Please ask them to fill out the details below and sign.

I give permission for _____ to
apply for membership and participate in the Ballina Shire Youth Council.

I authorise Ballina Shire Council or its representative to photograph my child during Youth Council activities. Photographs may be used in promotional and reporting material.

In case of emergency please contact:

Name: (Please print) _____

Address: _____

Telephone: _____

Mobile: _____

Parent's/Guardian's Signature _____

Date: _____