



Richmond Centre for Disability

YEA - Youth Group

GENERAL MEMBERSHIP APPLICATION FORM

NAME _____ GENDER _____ BIRTHDAY (M/D/Y) _____
FIRST NAME LAST NAME

ADDRESS _____
HOUSE/ APT. No. STREET CITY PROVINCE POSTAL CODE

AGE _____ SCHOOL EMPLOYED OTHER _____

TELEPHONE (HOME) _____ (CELL) _____

E-MAIL _____

DISABILITY TYPE (if applicable) _____

HOBBIES _____

DISABILITY ISSUES I AM INTERESTED IN _____

AREAS OF MY INTERESTS

- Participate in project events & activities
- Provide support to participants in events
- Assist in planning and hosting of events
- Govern and guide the Youth Group

I AM AVAILABLE AT THE FOLLOWING TIME (Please Specify):

DAY \ TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING							
AFTERNOON							
EVENING							

APPLICANT SIGNATURE: _____ DATE (M/D/Y) _____

GUARDIAN SIGNATURE: _____ DATE (M/D/Y) _____
(For Applicants under 19)

Please return form to Cécile at the RCD (fax: 604-232-2415 or mail: cecile@rcdrichmond.org)
Richmond Centre for Disability 100-5671 No. 3 Road, Richmond, BC V6X 2C7