

# MULTICULTURAL YOUTH SA INC

## M.Y.S.A.

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### YOUTH MEMBERSHIP APPLICATION FORM

Name:

Age:

Gender:

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Cultural Background:

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Language/s Spoken:

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Postal Address:

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Email Address:

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Telephone: (Home)

(Mobile)

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#### Declaration

I \_\_\_\_\_ wish to apply for membership of MYSA

Signed:

Date:

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Thank you for your interest in MYSA. You will shortly receive written notification about your application for membership.

To help us plan better programs for you, please tell us what sort of activities you like to do in your spare time:

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#### Are You Interested in Volunteering at MYSA? Please Tick Your Area/s of Interest:

Organising activities

Maintaining MYSA's website

Preparing Newsletters

Advocacy

Office and administration work

Membership development work

Sitting on the Management Committee

Promotional work