



Application for Membership

First Name: _____
Last Name: _____
Mailing Address: _____
Postal Code: _____
Phone: _____

Email: _____
Economic Zone: _____
Region: _____
Date of Birth: _____

The following is for statistical purposes:

_____ Male
_____ Female

Language:

_____ English
_____ French
_____ Other

How did you become aware of FINALY!?

_____ Family / Friends
_____ Youth Councils
_____ RED Boards
_____ FINALY! Staff
_____ FINALY! Members
_____ Media (News, Newspapers)
_____ Other (please list)

Are you currently a member of a zonal youth council? Yes / No

Highest level of education obtained:

_____ Some High school
_____ High School diploma
_____ Some College / University
_____ College Diploma / Certificate
_____ University Degree / Certificate
_____ Other

What is your current status:

_____ Student
_____ Employed
_____ Student with employment
_____ Unemployed
_____ Own a business
_____ Other

Please identify three main issues you believe should be addressed by this organization:

1. _____
2. _____
3. _____

Signature: _____

Date: _____

Please complete this form and return to:
Provincial Office, Box 16, 49-55 Elizabeth Avenue
Suite 306, St. John's, NL, A1A 1W8
ph: (709)738-6272/1-877-596-6262 Fax: (709)738-6271

Date processed: _____
Card processed by: _____
Renewal Date: _____
Member #: _____