



The development agency for young people in the community

APPLICATION FOR MEMBERSHIP

2014 / 2015

Name of Group _____ Leader _____ Address of Group _____ _____ _____ Postcode _____ Telephone _____	Group Mailing Contact _____ Address _____ _____ _____ Postcode _____ Telephone _____
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Please give email address of contact who will receive regular emails

Email: _____

IS YOUR GROUP... Membership Number (if known) _____

Full-Time Voluntary/Community Other (specify) _____
 Part-Time Statutory

OPENING (please indicate times)

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>

In which Education Board does your group reside? _____

To what other organisation is your group affiliated? _____

MEMBERS

	10 & under	11—13	14—15	16—18	19—25	TOTAL
Female	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>
Male	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>

Number of Volunteers
 Part Time Youth Workers
 Full Time Youth Workers
 Committee Members

We can assist you with the following:-

- Access NI vetting
- Keeping Safe ~ Child Protection Training
- Accredited Youth Work Training
- Comprehensive Insurance
- Youth Achievement Awards
- Youth work programmes ~ young women
~ young men
~ young people who are NEET(not in education, employment or training)
~ peace building
~ youth arts

You can also avail of:-

- Reduced rates for groups attending shows and conferences
- Access to YouthNet and NICVA's emailed information newsletter (to those on line)

COST

FULL MEMBERSHIP

Groups Less Than 30 Members	£15.00
Groups 31-50 Members	£20.00
Groups 51 + Members	35p per member Maximum £70.00

ASSOCIATE MEMBERSHIP £15.00

INDIVIDUAL MEMBERSHIP £7.50

We enclose £_____ being members of YouthAction N.I. Ltd. until 31 March _____

Please make cheques payable to “YouthAction Northern Ireland Ltd”.

DECLARATION

We the undersigned acting on behalf of the Group hereby apply for Membership of YouthAction N.I. We accept the standards of membership as set out in the Membership Criteria and the aims of YouthAction. We have a Health & Safety Policy and a Child Protection Policy within the group and will ensure that staff and volunteers are vetted using Access NI*. We also confirm that we have adequate Liability Insurance Cover in place for the group during the period of our Membership. We undertake to give such information as may be required annually and to pay the membership fee.

*YouthAction NI can assist members with this process.

Signed _____ (Chairperson/Officer)

Signed _____ (Leader)

If you have a written constitution for your Group please send a copy with your application

**YouthAction Northern Ireland Ltd., 14 College Square North, BELFAST, BT1 6AS
Tel : 028 90 240551 Fax : 028 90 240556 Email : shirley@youthaction.org**