

INDIVIDUAL MEMBERSHIP APPLICATION FORM

If completed hand-written, please use CAPITAL letters.

*** I understand that information provided in this application form is confidential and will be shared only with board members responsible for applicant review and selection.**

*** Date:**

PERSONAL DATA

*** Last Name:**

*** First Name:**

Middle Name:

*** Date of Birth:**

dd/mm/yyyy

*** Sex:**

male/female

*** Marital Status:**

single/married

*** Nationality:**

*** Religious Affiliation:**

CONTACT INFORMATION

*** Address:**

Street Address

City

Postal / ZIP Code

Country

State/Province/Region

*** Mailing Address (if different):**

Street Address

City

Postal / ZIP Code

Country

State/Province/Region

*** Email:**

Alternative Email (if possible):

Home Phone

*** Mobile Phone**

Fax No:

EDUCATION/WORK/SKILLS (GENERAL)

* **Occupation/Field of Study:**

* **Employer/School/University:**

* **Level of Education:**

What level(s) of education have you completed? Please provide the name of your university, academic year in school (if you have not yet graduated), and your major.

* **Level of English:**

basic/intermediate/fluent

Please specify any additional or continuing education classes - or other conferences you attended related to politics, leadership or/and social activism.

Is there anything else that you want the ECPYouth leadership team to know about you when considering your application?

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. * **Please, explain your reasons for applying to become a member of ECPYouth?**

2. * **What skills and/or knowledge do you expect to acquire by attending the ECPYouth events/activities/gatherings?**

3. * What do you personally hope to gain by attending the ECPYouth events/activities/gatherings? How do you plan to use and apply the ECPYouth experience upon returning home to your community?

4. * Are you currently involved in any leadership development, reconciliation, social activism or other community building activities? If so, please describe these activities.

5. * Please list any hobbies, skills and special interests that you feel could contribute to ECPYouth (media and communication, IT, etc.).

6. * Please provide the names of two references, along with their profession, and contact information (e.g., email address or phone numbers).

7. * Please tell us how you found out about ECPYouth.

Website/Social Media/Other Members or Member Organisations/One of the Speakers/Other

IN CASE OF EMERGENCY

* Any medical condition that would require special attention?

* Any dietary needs or preferences – either medical or religious?

* In case of emergency, contact:

* Emergency contact's phone:

OTHER INFORMATION

The total annual membership cost is € 20 per person. We can provide a discounted rate of € 10 for those living in economically disadvantaged areas.

* How much will you be able to contribute towards the annual membership fee?

- 20 Euro
 10 Euro
 Other

* Will you need a visa to enter European Union?

- Yes
 No

If you will need a visa, please provide the answers to the following questions for the purpose of visa processing.

First and Second Name (as it appears in your passport):

Occupation

Passport Number

Issued By

Issue Date

Expire Date

*** I am aware that my ECPYouth annual membership costs a total of € 20, and that the maximum discounted rate is € 10 according to the described conditions. I also understand that if accepted, I will pay the costs of the event/gathering as determined by the board. I understand that traveling expenses remain my responsibility.**