

EDUCATED YOUTH OF AMERICA INC. MEMBERSHIP APPLICATION

Application Type: Student Membership

Team Membership

1.) Name: _____

2.) Age: _____

3.) Address: _____

4.) Email: _____

5.) Phone Number: _____

School Information *[Student Membership Only]*

1.) School Name: _____

2.) Grade Level: _____

3.) Student I.D.: _____

4.) School City: _____

Emergency Contact Information

1.) Name: _____

2.) Number: _____

3.) Relationship: _____

4.) Email: _____

Why are you interested in becoming a member of Educated Youth of America Inc.?

Do you have any previous experience/knowledge about citizenship and voting rights? If yes, please elaborate.

How do you believe youth engagement in civic education can benefit society?

Do you have any ideas or suggestions for activities or projects that our organization could undertake to further its mission?