Application for Membership 2025-26

Florence Area Mayor's Youth Council

Write or type neatly.

| Name: | Nickname: | |
|---|---|--|
| Home Address: | | |
| Home Telephone: | Cell: | Age: |
| Email Address: | Cell: Date o | of Birth: |
| Parent or Guardian Names, Phone & | Email: | |
| <u>Grade</u> and/or <u>school</u> you will be atte | nding 2025-26 | |
| Why do you wish to be considered fo | or membership on the Council? | |
| | 's Youth Council states that only three from following policy? | |
| | ations do you have that would be usef | - |
| ***On the back of this application, p | please discuss the issues concerning y | youth in the City of Florence. *** eting and participation in community |
| meeting and participate in projects s participate in service projects could r | e in the Florence Mayor's Youth Councilelected by Council. I understand that mean being dropped from the Councilepproval of the sponsor. Meetings are | failure to attend meetings and I. This includes sports and illness. |
| Applica | ant's Signature: | - |
| program. I understand that if my studropped from the Council. This incluof the sponsor. | and the applicant has my support and ident misses more that 3 of the 8 meet des sports events or illness. Exception's Signature: | etings, he or she will probably be |

To Submit Application:

Please mail, hand deliver or email this completed form by August 8th, 2025..

 $\label{eq:mailto:concil} \textit{Mail} \ \textit{to: City of Florence Attn: Mayor's Youth Council PO Box 187, Florence MS 39073}$

Email to: dpclerk1@gmail.com

You may also leave your application at the drive through window at City Hall, 203 College St, Florence. For additional information, please email Becky Cleveland at dpclerk@gmail.com or call 601-845-3542.