

VIRGIN ISLANDS YOUTH ADVOCACY COALITION, INC. <u>MEMBERSHIP APPLICATION</u>

Please complete all sections below.

APPLICANT INFORMATION			
Name:	Date of Birth:	School or Organization:	
Email:	Home Phone:	Cell:	
Mailing address:			
City:	State:	Zip Code:	
*Membership Categories: Regular Member Nonprofit Corporate Sponsor \$25.00 Annually \$300.00 Annually \$500 *Students (high school and college): FREE			
Membership Benefits: Access to exclusive human rights training opportunities The following our list of Programs & Initiatives as provided in our Concept Document. You can also provide us with an area or areas that interests to you by checking the Other Box and providing us with the area			
or areas of interest outside of our programs and initiatives Check Off, one or more areas of interest:			
Self-determination Advocacy Program (Signature Program)			
Youth Radio Program	Youth Agenda Re	Youth Agenda Report Card Initiative	
Civics & Human Rights Education Pro	Youth Coding Ini	tiative	
Youth Court System (Teen Court) Pro	Youth Bill of Righ	nts Initiative	
		African History Literacy Initiative	
Other Area(s) of Interest:			
By signing this Application, I pledge my support to the Youth Movement!			
Signature:		Date:	
Payment/Contribution via Check: Virgin Islands Youth Advocacy Coalition Pay/Contribute online via Paypal: https://www.paypal.me/VIYAC			

Virgin Islands Youth Advocacy Coalition, Inc.

Email Address: viyouthvote@gmail.com | Phone: 340-227-4361 | Follows us@: http://twitter.com/VIYouth

Become a Facebook Fan@: tinyurl.com/VIYACFBFan | Website: http://viyouth.org