

### **Antigua Barbuda Youth Network Membership Application**

The Antigua Barbuda Youth Network (ABYN) is a volunteer youth service group dedicated to the organization and mobilization of youth within the Caribbean disability and youth movements. The ABYN is not for the faint of heart! Becoming a member requires hard work. If you can work for a good cause, print the application, fill it out and send it to the Network Coordinator using the above listed information.

**All information will be kept confidential.** Please print clearly.

Date: \_\_\_\_\_ (dd/mm/yyyy)

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Do you have a guardian? Yes \_\_\_\_\_ No \_\_\_\_\_ Not applicable \_\_\_\_\_

(If yes) First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Are you a person living with a disability? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you between the ages of 15 – 29 years old? Yes \_\_\_\_\_ No \_\_\_\_\_

1. Why would you like to become a member of the Antigua Barbuda Youth Network?

\_\_\_\_\_

2. Please list any interests, experience, or past work that you feel is relevant to the focus and philosophy of the Antigua Barbuda Youth Network.

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