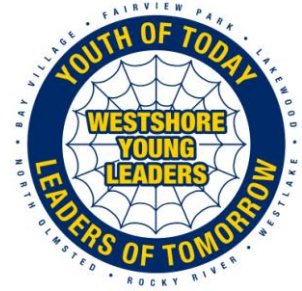




**WESTSHORE YOUNG LEADERS  
MEMBERSHIP APPLICATION  
2013-2014**

**P. O. Box 40056  
Bay Village, OH 44140-0056  
(440) 250-9916**



NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_ AGE \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Grade (circle one) 7 8 9 10 11 12      Gender (circle one) Male Female

School \_\_\_\_\_

Which forms of communication/social media do you currently use? (circle all that apply)

Facebook   Twitter   Email   Text   Skype   Other \_\_\_\_\_

What is the best way to contact you about meetings, projects and events? \_\_\_\_\_

**ASSURANCES**

I understand that in order to maintain membership with the Westshore Young Leaders, I must agree to the following:

- I will engage in leadership roles and follow through on tasks that are assigned to me.
- I will attend meetings on a regular basis (at least one meeting monthly)
- I affirm that I am committed to living a drug-free and healthy lifestyle
- I understand that by being a part of the Westshore Young Leaders Network that I represent my local youth-led prevention group as well as the youth of my school and agree to follow the rules of my school as well as those set by the Westshore Young Leaders Network.

I certify that the information contained in this application is true and complete. Furthermore, I understand that if I am not able to meet the above assurances that I should discuss this with the School Prevention Specialist.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date