



MEMBERSHIP FORM

ORGANISATION INFORMATION

Organisation Name:

Principal Location of the Organisation

State *City Zip

*Website Address

*Postal Address

Date of Establishment

Type of Organisation

Age demographics

Geographical scope

CHECK ONE

Competitive Club

Youth

National wide

New Membership

Event Organiser

Masters

Regional wide

Renewal from last year

Corporate

Open

Other

Renewal but not from last year

Other

Update Multi year membership

Check all that apply

CONTACT INFORMATION

All mail and email correspondences from AAYC will be sent to the following

Contact Person:

Nationality City. Zip.

Phone(main) *Phone(Alternative) (whatsapp)

*Email Address Fax

*Designation

Secretary General

Other





Brief about the Organisation

Fields of Activity

Designation

President/ Secretary General

List two individuals who manage and make decisions for the organization

Name (1): _____

Tel: _____

Fax: _____

Email: _____

Name (2): _____

Tel: _____

Fax: _____

Email: _____

Network and Affiliations

Please list the names of up to 5 other organizations of which your organisation is a members.

-
-
-
-
-

How did you hear about the AAYC?





MEMBER ORGANIZATION REPRESENTATIVE DESIGNATION

Each member organisation must designate and maintain one qualified member who will be the sole person entitled to exercise such member organisation's voting and designation rights on the General council and General Assembly.

Full Name: _____

APPLICATION DECLARATION

We hereby represent that, we have read and understood the above information and that the answers and attachments are, to the best of our knowledge and belief, true and correct. In consideration of the admission to membership in the AAYC, we hereby pledge to submit and abide by the By-Laws and Rules of corporation, as now existing and as here after duly amended from time to time.

Date: _____

Signature: _____ Authorised member Organisation

FOR OFFICIAL USE ONLY

Date Received: _____

Check: _____ Amount \$: _____

Membership Years: _____

Approved By: _____

Date Approved: _____

Thank you for your decision to apply for membership of the Afro-Arab Youth Council.

If you need any clarification on the process or would like to discuss any issue related to membership, please don't hesitate to contact us on the email below

info@aayouthcouncil.com cc liaisons@aayouthcouncil.com

cc internationalrelations@aayouthcouncil.com

