



# Community and Youth Training Services

(a not for profit organisation offering an alternative learning environment for individuals from diverse backgrounds)

## CYTS Membership Application

I, \_\_\_\_\_

Organisation (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

wish to nominate as a member of CYTS.

I understand that my nomination will be presented at the next available executive committee meeting for consideration and I will be advised formally of the outcome. I acknowledge that I am required to pay a nomination fee at the time I submit my application and that my nomination fee is non-refundable, regardless of the outcome.

Nomination Fee: \$25

Please attach remittance advice confirmation payment through EFT to the account below:

Community and Youth Training Services Inc.

BSB: 306 053 Account: 415 800 8

Signature: \_\_\_\_\_ Date: \_\_\_\_\_