

# Membership Application Form



4C Centre

## Applicant Details

Must be aged between 15 and 25 years

Name  Date of Birth

Address

Home Phone  Mobile Phone

Email Address

School | Tertiary Institute | Employer

## Character Reference Details

May be a teacher, family member/caregiver, employer, family friend but must have known the applicant for at least one year and be over 25 years old.

Name  Mobile Phone

Email Address

Relationship to Applicant

I have read and understood, and undertake to abide by the 4C Centre Code of Conduct

I have provided my identification (copy attached)

Passport    Birth Certificate    School ID/18+ card    Drivers Licence

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

<b>Internal/Office use only</b>		
ID Verified	Reference Checked	Membership Activated
<input type="checkbox"/> Date _____	<input type="checkbox"/> Date _____	<input type="checkbox"/> Date _____
Membership # _____		