



# HIP-HOP SUMMIT YOUTH COUNCIL

## Membership Application

**PLEASE PRINT**

Name- \_\_\_\_\_

Address- \_\_\_\_\_

City- \_\_\_\_\_ State- \_\_\_\_\_ Zip- \_\_\_\_\_ Country- \_\_\_\_\_

Zip- \_\_\_\_\_

Phone- \_\_\_\_\_ Fax- \_\_\_\_\_

E-mail Address- \_\_\_\_\_

School You Attend/Employment- \_\_\_\_\_

Grade (If applicable)- \_\_\_\_\_

SS#- \_\_\_\_\_ Date of Birth- \_\_\_\_\_

Skills- \_\_\_\_\_

Hobbies- \_\_\_\_\_

WHY DO YOU WANT TO JOIN THE YOUTH COUNCIL?

\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE - \_\_\_\_\_ DATE- \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE (If necessary)- \_\_\_\_\_

**RETURN APPLICATION TO:  
HIP-HOP SUMMIT YOUTH COUNCIL  
P.O. Box 300925, Jamaica, NY 11430  
PHONE: 212-316-7639 FAX: 212-353-5083**