



Application for Individual Membership

INSTRUCTIONS: Please provide all of the information requested and mail or fax both pages of the completed application to CTYA. Incomplete applications will be returned. Your payment must be included with the application in order for it to be processed.

Individual Membership is **not transferable** from one person to another.

PERSONAL INFORMATION:

Male Female

First Name _____ Last Name _____ Title _____

Residential Address _____ City _____

Home Phone # _____ Cell Phone # _____

E-mail _____ Date of Birth (yyyy/mm/dd) _____ Place of Birth (City / Country) _____

EDUCATION INFORMATION:

College / University

Name of institution _____ Under grad Post Grad

Faculty, Major _____ Full-time Part-time

Year _____ Expected year of graduation _____ Alternative Certificate _____

High School

Name of High School _____

Grade _____ Expected year of graduation _____

Are you planning to attend University/College or work after high school? Yes No

If yes, where? _____

What is your interested area of study/work? _____

EMPLOYMENT INFORMATION:

Full-time Part-time Contract

Name of Employer _____

Period of Employment _____

Do you or your family own a business? Yes No

If yes, please provide name of business: _____

Nature of business: _____

WHAT ARE YOUR INTERESTS/HOBBIES/SKILLS?

- Public Speaking
- Politics
- Event Coordination
- Project Management
- Human Rights
- Developmental Projects
- Photography
- Videography
- Web Design
- Graphic Design

Please describe each of the areas that apply to you from the options listed below)

- Athletics:
 - Cricket
 - Basketball
 - Soccer
 - Other: _____
- Arts & Culture:
 - Dance
 - Music
 - Visual Arts
 - Other: _____
- Writing:
 - Articles
 - Press-releases
 - News
 - Poems
 - Reports
 - Stories
 - Other: _____
- Social Media:
 - Blogger
 - Digg
 - Facebook
 - Flickr
 - LinkedIn
 - MSN
 - MySpace
 - Orkut
 - Twitter
 - Youtube
 - Other: _____

Are you affiliated with any organizations, clubs, and or groups presently? If yes, please list: Yes No

MEMBERSHIP INFORMATION

New Membership

Membership Renewal

MEMBERSHIP OPTIONS: Consistent Member \$25 Sustaining Member \$100

PAYMENT METHOD: Cash Cheque Money Order Master Card VISA

CREDIT CARD DETAILS:

Card Number

Expiry Date

Cardholder Name (as it appears on the card)

Signature of Cardholder

MEMBERSHIP CONSENT INFORMATION

CODE OF ETHICS FOR INDIVIDUAL MEMBERS

Vision: To empower Canadian Tamil Youth to become outstanding leaders and citizens in our society

Code: Members of the Canadian Tamil Youth Alliance (CTYA) are committed to observing and promoting the highest ethical conduct in their performance of responsibilities and duties as a member of CTYA. Members pledge to accept this code as a minimum guideline for ethical support and shall:

Professional Excellence

1. Develop and encourage the practice of high standards of personal and professional conduct among themselves and their membership.
2. Exemplify a professional level of courtesy, respect, and objectivity when participating in all CTYA activities.

Accountability

3. Fully disclose, at the earliest opportunity, any information that may result in a perceived or actual conflict of interest while assuming committee or other responsibilities as a CTYA member.
4. Accurately and fully disclose, all information required for membership and participation in CTYA, and provide CTYA with any additional information as it is known that may adversely affect such eligibility or participation.

Confidential Information

8. Respect the confidentiality of sensitive information known due to service on CTYA committees.

Collaboration and Cooperation

9. Respect the diversity of opinions as expressed or acted upon by any decision-making body of CTYA.
10. Promote collaboration, cooperation and partnership among CTYA members, including good faith efforts to come to mutual understanding between members when there is overlap in membership or service areas.

I, _____ declare having read and understood the above Code of Ethics in its entirety and hereby consent to participate acknowledging all the foregoing.

Signature

Date

For Office Use Only

Membership Application Received On _____

Membership Fees Received On _____

Receipt Number _____

Authorized Signature _____