**MEMBERSHIP APPLICATION FORM**

Membership of NYCI is open to any voluntary or community sector organisation whose work involves delivering youth work services to young people under 25 or are advocating on behalf of young people and that agree with NYCI’s vision where all young people are empowered to develop the knowledge, skills and confidence to realise their potential and to actively participate in an inclusive society that values and respects them.

Does your organisation comply with the above criteria?

YES ☐ / NO ☐ (tick where appropriate).

Please outline how your organisation complies with the above criteria:

*Organisations which are already in membership or associated or affiliated to a member organisation of NYCI may not separately be a member.*

**APPLICANT ORGANISATION**

**(please detail if a youth wing of an organisation applying for membership)**

Name:

Address:

Telephone Number:

Fax:

E-mail:

Website:

Contact Name:

In which geographical area does your organisation operate?

Locally ☐ Regionally ☐ Republic of Ireland ☐ All Ireland (RoI and NI) ☐

**Please tell us why you are applying to be a member of NYCI:**

**MEMBERSHIP FEES**

Membership rates are banded and based upon the turnover of your organisation.
Please select your appropriate rate below.

|  |  |
| --- | --- |
| Over €5 million | Fee €1,500 ☐ |
| €1 million – €5 million | Fee €1,000 ☐ |
| €500,000 – €1 million | Fee €750 ☐ |
| €150,000 – €500,000 | Fee €650 ☐ |
| Less than €150,000 | Fee €550 ☐ |

**DECLARATION**

I hereby declare that the information provided in this Application Form is correct and that I am authorised to make this application on behalf of my organisation.

Signed:

Position held:

Date:

 **THE FOLLOWING DOCUMENTATION MUST BE INCLUDED WITH
YOUR APPLICATION**

Copy of your Constitution or Memorandum and Articles of Association YES ☐ NO ☐

Strategic Plan/Youth Programme Plan YES ☐ NO ☐

Audited Accounts YES ☐ NO ☐

Child Safeguarding Statement YES ☐ NO ☐

Equal Opportunities Policy / Statement YES ☐ NO ☐

Do you have a Child Safeguarding Policy YES ☐ NO ☐

(does not need to be submitted)

When completed, this Application Form should be returned to:

Alison Fox, Director of Programmes, National Youth Council of Ireland,
3 Montague Street, Dublin 2

alison@nyci.ie