



# 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 \_\_\_\_\_  Under grad  Post Grad  
 Name of institution \_\_\_\_\_  Full-time  Part-time  
 Faculty, Major \_\_\_\_\_  
 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 \_\_\_\_\_ Do you or your family own a business?  Yes  No  
 If yes, please provide name of business: \_\_\_\_\_  
 Period of Employment \_\_\_\_\_ 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 \_\_\_\_\_