



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