



# MEMBERSHIP FORM FOR 2018/19

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**NAME:**

**DATE OF BIRTH:**

**EMAIL ADDRESS:**

**MOBILE NUMBER:**

**ADDRESS:**

**2**

**NAME & CONTACT FOR CURRENT  
CASEWORKER:**

**3**

**DO YOU IDENTIFY AS ABORIGINAL OR TORRES  
STRAIT ISLANDER?**

**NO YES PLEASE PROVIDE DETAILS:**

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DO YOU SPEAK ANY LANGUAGE OTHER THAN ENGLISH AT HOME?

NO YES PLEASE PROVIDE DETAILS:

5

DO YOU IDENTIFY AS:

- STRAIGHT  LESBIAN  GAY  
 BISEXUAL  TRANS  OTHER

6

WHICH OF THESE BEST DESCRIBES YOUR CURRENT SITUATION?

- HIGH SCHOOL  TAFE  UNIVERSITY  
 WORKING  UNEMPLOYED

PLEASE PROVIDE DETAILS:

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**DO YOU CURRENTLY LIVE, OR HAVE YOU EVER LIVED, IN A CRISIS REFUGE, MEDIUM TERM REFUGE, OR COMMUNITY HOUSING?:**

**NO**     **YES** PLEASE PROVIDE DETAILS:

8

**ARE YOU A MEMBER OF ANOTHER YOUTH ADVISORY COUNCIL OR SIMILAR GROUP?**

**NO**     **YES** PLEASE PROVIDE DETAILS:

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**WHY DO YOU WANT TO BE PART OF THIS GROUP?**

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**WHAT DO YOU THINK IS AN IMPORTANT ISSUE FOR YOUNG PEOPLE EXPERIENCING HOMELESSNESS?**

PLEASE RETURN TO  
[JESSIE@YFOUNDATIONS.ORG.AU](mailto:JESSIE@YFOUNDATIONS.ORG.AU)  
OR PO BOX 3115 REDFERN NSW 2016

