         **Vancouver Gavel Membership Application Form** 

To be filled out in addition to the **Protection Guidelines Form**

Club meetings are two hours weekly during the school year.

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| Youth First Name: |  | Youth Last Name:  |  |
| School:  |  | Grade Level: |  |
| Parent’s (print) name |  | Residency Status (PR / Citizen / Visa) |  |
| **Parent information:** | **Youth information:** |
| Email address:Phone number:  | Email address:Phone number: |
| **Media Consent**The club would like use photos, video, and/or name for educational and/or promotional purposes.Please initial below if you **DO NOT CONSENT** to the use and disclosure of my child’s photos, video, and/or name for the above purposes.\_\_\_\_\_ | **How did you hear about the Gavel Club?*** Friends
* Family
* Poster
* Social Media (WeChat, Facebook, etc)
* Teacher
* Community Centre
* Toastmasters

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Parent’s Signature:** | **Youth’s Signature:** |

Club Mission: We provide a supportive and positive learning experience in which members are empowered to develop communication and leadership skills, resulting in greater self- confidence and personal growth.

Toastmasters International Values: integrity, dedication to excellence, service to the member, and respect for the individual.

Please address questions to vancouvergavel@gmail.com