         **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](mailto:vancouvergavel@gmail.com)