

**FLOWER MOUND YOUTH ACTION COUNCIL
MEMBERSHIP APPLICATION**

NAME: _____ SCHOOL: _____ GRADE: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: TEXAS ZIP CODE: _____

CONTACT NUMBERS: (H) _____ (C) _____

EMAIL ADDRESS: _____

PLEASE LIST ALL CLUBS AND ACTIVITIES YOU ARE CURRENTLY ACTIVE IN:

DO YOU CONSIDER YOURSELF A ROLE MODEL? WHY?

ARE YOU COMFORTABLE WITH PUBLIC SPEAKING? IF SO, PLEASE LIST EXAMPLES:

WHY DO YOU WANT TO BE INVOLVED IN THE FLOWER MOUND YOUTH ACTION COUNCIL?

WHAT WOULD YOU LIKE TO ACHIEVE BY SERVING ON THE COUNCIL?

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT KIMBERLY AT 972.874.6276. TO SUBMIT APPLICATION, FAX TO 972.874.6471, OR MAIL TO THE FOLLOWING ADDRESS:

**Town of Flower Mound
YOUTH ACTION COUNCIL
2121 CROSS TIMBERS ROAD
FLOWER MOUND, TEXAS 75028**