



REGISTRATION FORM

NAME

ADDRESS

TELEPHONE #

EMAIL ADDRESS

DATE FORMED

MEMBERSHIP (TOTAL) MALE..... FEMALE.....

AGE RANGE

MISSION

MAIN OBJECTIVE(S)

EXECUTIVE (CONTACT PERSONS NAME & NUMBER)

1.....

2.....

3.....

HOW DID YOU FIND OUT ABOUT THE NYCD?

.....

GIVE A BRIEF DESCRIPTION OF YOUR UNDERSTANDING OF THE NYCD

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.....

WHAT CONTRIBUTIONS CAN YOUR GROUP MAKE TO ENHANCE THE OPERATIONS OF THE NYCD?

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WHAT ARE YOUR EXPECTATIONS OF THE NYCD TO YOUR GROUP OR CLUB?

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REGISTRATION FEE \$100 (YEARLY) PAID..... BALANCE.....

.....
APPLICANT SIGNATURE

DATE.....

.....
NYC PRESIDENT/YEAR

DATE.....