

Membership Form

Individual Members



Experts and human rights activists who wish to apply for *Individual Membership* are required to complete this form and send it to emnytp@youth-trafficking.net.

1. Contacts

FIRST Name		LAST Name	
Position			
Home Telephone		Mobile	
Fax		E-mail	

2. Areas of professional interest (max. 5 areas)

Youth		Citizenship		Gender and Sexuality	
Children		Religion studies		Minority issues	
Multiculturalism		Environment		Trafficking	
Human Rights Education		Disability		Migration	
Politics		Other, please specify:			

3. Projects, related to Human Rights Education or Trafficking Preventions realized

1.
2.
3.

4. Professional Memberships

No <input type="checkbox"/>	Yes <input type="checkbox"/>	
If yes, please specify:		

5. How can you provide co-operation and assistance to other EMNYTP Members or sub-networks?

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6. What are your needs and expectations of becoming an EMNYTP member?

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7. How do envision the most appropriate your activities on youth trafficking prevention in your region?

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Conditions:

	Yes	No
I allow EMNYTP to retain our information on EMNYTP`s database	<input type="checkbox"/>	<input type="checkbox"/>
I authorize EMNYTP to share our information with relevant parties	<input type="checkbox"/>	<input type="checkbox"/>
I am aware that all activities within the Network are done on a volunteer basis and we can`t make any profit from our participation.	<input type="checkbox"/>	<input type="checkbox"/>
I support the ideas of EMNYTP and am committed to work at least 3 years for youth trafficking prevention in my community/region.	<input type="checkbox"/>	<input type="checkbox"/>

Checklist for annexes:

- Professional CV.
- List of referees.

I, thee undersigned, declare that the information given above is correct to the best of my knowledge

Name:	Signed:	Date:
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For office use only

Date Received:		Received by	
Decision	Approved <input type="checkbox"/>	Declined <input type="checkbox"/>	Date: <input type="text"/>
Reason for Decision:			
Main EMNYTP Contact Person			

