YOUTH MEMBER APPLICATION FORM

_____COMMUNITY COUNCIL

NAME, HOME ADDRESS AND DATE OF BIRTH OF YOUTH MEMBER	**SIGNATURE**
TEL. NO:	**E-MAIL:**

NAME AND HOME ADDRESS OF PARENT/ GUARDIAN	**SIGNATURE OF PARENT/GUARDIAN**
TEL. NO:	**E-MAIL:**

OR

NAME OF SCHOOL OFFICER/TEACHER CONFIRMING RESIDENCY OF PUPIL IN THE COMMUNITY COUNCIL AREA	**SIGNATURE OF TEACHER**
SCHOOL TEL. NO:	**E-MAIL:**

Please send copies of the following with your application if your name and address does not appear in the electoral register:

- your birth certificate or passport as proof of age; and
- a utility bill, or similar, from your parent/guardian as proof of residence

Return form to:-

Returning Officer (Community councils)
c/o Legal Services
West Lothian Civic Centre
Howden South Road
Livingston
EH54 6FF