



NI YOUTH CONGRESS

EXPRESSION OF INTEREST

NAME:

AGE:

DATE OF BIRTH:

<input type="text"/>	<input type="text"/>
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ADDRESS:

POSTCODE:

PHONE NO:

<input type="text"/>	<input type="text"/>
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EMAIL ADDRESS:

PLEASE TELL US WHY YOU WOULD LIKE TO BE A MEMBER OF THE N.I. YOUTH CONGRESS:

PLEASE TELL US ABOUT THE SKILLS, EXPERIENCE AND QUALITIES YOU HAVE WHICH YOU THINK WOULD BE BENEFICIAL FOR A MEMBER OF THE N.I. YOUTH CONGRESS:

THANKS FOR YOUR EXPRESSION OF INTEREST- WE'LL BE IN TOUCH SOON WITH UPDATES ABOUT THE N.I. YOUTH CONGRESS! ☺ IN THE MEAN TIME, FEEL FREE TO LIKE/FOLLOW US:



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