

**APPLICATION FOR MEMBERSHIP**  
**PAYSON AREA ADVISORY YOUTH COUNCIL (PAAYC)**  
**2013**

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Please print or type.

Name: Cody May Birthday: [REDACTED]  
Address: [REDACTED] Age: [REDACTED]  
City: Payson Zip Code: 85541  
School/ Home School: Payson High School Grade Level (fall 2013): Sophomore 11<sup>th</sup>  
Phone: [REDACTED] e-Mail: [REDACTED]

**PLEASE READ AND SIGN BELOW**

**Application Certification**

*Please read the following statements carefully and sign below with you parent or guardian to acknowledge that you understand and agree to the statements.*

I hereby certify that the information I have given is true and correct to the best of my knowledge. I understand that providing false information may disqualify me from the council.

If chosen for the Payson Area Advisory Youth Council (PAAYC), I understand that I will be a representative of the Town of Payson and my peers at official Town functions and at other events for PAAYC members. While serving as a PAAYC member, I agree to represent the Town and my peers well, to behave in a mature and respectful manner and to make good decisions. I understand that I may be removed from the PAAYC for engaging in unlawful activities or negative behaviors that would compromise my role as a representative of the Town of Payson and my peers.

Serving as a member of the PAAYC will require me to attend meetings after school or in the evening at least once a month, as well as special events in the evening or weekends. I understand that I am responsible for my own transportation to the meetings. I acknowledge that I have the transportation, time, and commitment to be a member of the PAAYC.

Cody May  
Student Name

4/5/13  
Date

[Signature]  
Parent/Guardian

04/05/13  
Date

MAY 16 2013 K.1