



*Youth Action Committee Membership Form*

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**Full Name:** \_\_\_\_\_

**Nickname:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_  
(City) (TX) (Zip)

**Email Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Extracurricular Activities (school, church, etc.):**

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**Hobbies:** \_\_\_\_\_

**What do you hope to gain from being a part of YAC?**

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Please return to: Partners in Prevention  
P.O. Box 1952  
Longview, TX 75606  
903-237-1107 (fax)  
[Kking@longviewtexas.gov](mailto:Kking@longviewtexas.gov)