



GIRLS OF A FEATHER NATIONAL CLUB REGISTRATION FORM

Spearheaded by *Girls of A Feather Inc.*, the Girls of A Feather National Club consists of a group of young women and girls, between the ages of 12 and 24 years old. The members of the National Club, fueled by their common interest in the development of young women and young people at risk, work towards achieving that vision through the designing of girl-centered projects. **PLEASE PRINT AND RETURN**

NAME: _____ AGE: _____

D.O.B: _____ COMMUNITY: _____

SCHOOL/ PLACE OF EMPLOYMENT (IF APPLICABLE): _____

CONTACT PREFERENCES:

- CELL # _____
- EMAIL _____
- WHATSAPP _____

DO YOU REQUIRE ANY ADDITIONAL SUPPORT?

- FINANCIAL
- ACADEMIC
- PSYCHOLOGICAL

GIRLS OF A FEATHER PROGRAMMES YOU MAY BE INTERESTED IN:

- Storytell(HER) Bootcamp
- Girls With Goals Mentorship Programme
- Beauty With Brains Camp
- Youth for Gender Equality (Y4GE) Ambassadorship

AREAS OF THE NATIONAL CLUB THAT YOU ARE INTERESTED IN:

- Event Planning (i.e. fundraising, informational pop-ups etc.)
- Volunteering
- Community Outreach
- Advocacy (i.e. campaign planning etc.)
- Artivism (i.e. digital media creation, creative writing etc.)
- Mentorship from Successful Female Professionals

BRIEFLY, WHY DID YOU DECIDE TO JOIN THE CLUB? _____

AVAILABILITY

- Saturday sessions 1pm - 3pm (**ONLY APPLICABLE FOR GIRLS UNDER 18**)
- Saturday sessions 10-12am (**ONLY APPLICABLE FOR GIRLS 18 & OLDER**)
- After-school Workshops (**3:30pm- 5:00pm**)

PLEASE INDICATE WHICH SKILLS-BUILDING ACTIVITIES YOU WISH TO PARTICIPATE IN:

- Youth Advocacy
- Girls Rights and Gender Equality
- Leadership Development
- Work Readiness/Career Guidance
- Financial Planning/Management
- Fundraising
- Digital Literacy
- Public Speaking
- Social and Emotional Learning (self-management, self and social awareness, future self)

OTHER _____

IS THERE ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO SHARE SO THAT WE ARE BETTER ABLE TO SUPPORT YOU? _____

NEXT OF KIN

NAME: _____

RELATION: _____

PLACE OF RESIDENCE: _____

CONTACT PREFERENCES:

- CELL #** _____
- EMAIL** _____
- WHATSAPP** _____

FOR MEMBERS UNDER 18

I, _____, **PARENT/GUARDIAN OF** _____,
(PARENT/GUARDIAN) *(MEMBER'S NAME)*

GRANT MY DAUGHTER PERMISSION TO BECOME A MEMBER OF THE GIRLS OF A FEATHER NATIONAL CLUB.

(Signature of Parent/Guardian)

PAID (Membership Fee- \$25.00)

Executive Director