

## Membership Form Youth Network

The International Co-operative Alliance formed the Youth Network ([www.globalyouth.coop](http://www.globalyouth.coop)) as an advisory, assistance and representation body for the co-operative youth movement.

**Members** will be those persons up to 35 years inclusive and associated to organizations belonging to the Alliance. Members have the right to vote. Individuals will need to submit this form to the Youth Network secretariat which is signed by a member organisation of the Alliance.

**Adherents** will be persons that although they are not associated with members from the Alliance, or are not of the age of youth, support the co-operative youth movement or want to develop it. Adherents are added to the mailing list but will not be able to vote.

Last Name (surname)			
First Name (given name)			
Date of Birth		Gender	
Email			

### How information about you will be used

Individual contact information which you supply to us will be used to deliver our newsletters, important press releases, invitations to events, and may be used to contact you for statistical information and networking within the co-operative movement. We will not sell your information. We will not share your personal information with anyone outside of the International Co-operative Alliance structures and partners. For further information on how your information is used, how we maintain the security of your information, and your rights, please visit <https://ica.coop/en/terms-and-conditions> or email [dataprotection@ica.coop](mailto:dataprotection@ica.coop).

	<b>Yes</b> , I understand and accept the data protection policy of the International Co-operative Alliance and consent to my information being used as per the policy.
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### I wish to participate as a:

	<b>Member</b> – to be a voting member, this form must be duly filled and signed below by a direct member of the International Co-operative Alliance.
	<b>Adherent</b> – adherents do not need to complete the information below.

**FOR VOTING MEMBERS** – must be filled and signed below by a member organisation of the ICA.

Signature			
Name and title of signatory			
Organisation name			
Country			
Date			

This form should be submitted to the coordinator, Mrs Gretchen Hacquard, at [hacquard@ica.coop](mailto:hacquard@ica.coop).