



Office Use Only  
\_\_\_\_\_ (name)

### Drug-Free Youth Membership Application

- New Member Applicant
- Renewing Member
- Random
- Desoto
- Englewood
- North Port
- Punta Gorda
- Sarasota
- Venice
- Date \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent's Phone: \_\_\_\_\_ Your Phone: \_\_\_\_\_ Can we text you? \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ High School Graduation Year \_\_\_\_\_

**Signature Required for Application Processing:**

*I understand that a drug test is part of the application process. This will be conducted at no charge to me as part of initial application or renewal. However, a \$10 fee is required for replacement of a lost card, which will also include a re-test. I understand a parent or guardian signature is required if I am under age 13; and if I am under 18, a parent/guardian has the right to request my results. If the test indicates alcohol, tobacco or drugs, my application will not be forwarded for membership. However, a D-Fy representative will provide me with options to re-apply. If I successfully pass the drug screening, my application will be processed to finalize my membership.*

***Holding an active membership in Drug-Free Youth (D-Fy) signifies that I have validated my commitment to being alcohol, tobacco and drug free through a drug test. Annual renewal is required and I may also be subject to random testing throughout my membership. I understand my membership will be voided if I refuse requests for future drug tests; participate in drug, alcohol or tobacco use; or any unlawful activities.***

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian (if under age 13)

\_\_\_\_\_  
Date