



PACE

Youth Development Corporation
1308 Centennial Ave., Suite 179
Piscataway, NJ 08854

Mail or Fax to 973-581-6669

PACE YDC Chapter Membership Application



Proposed Chapter Name _____
(e.g. PACE *location-name*, PACE *city*)

Chapter Contact Name _____

Chapter Contact Address _____

Chapter Contact Phone _____

Chapter Contact Email _____

Proposed Host Site Name _____
(e.g. college, high school, youth center)

Proposed Host Site Address _____

Staff Members (8 minimum) and **Titles** (Administrator, Treasurer,...):

Curriculum Offerings (e.g. Eye-Opener, Math, & Science Classes):

The undersigned hereby applies for chapter membership in PACE YDC.

Sign _____ Date _____

