

MEMBERSHIP APPLICATION

Boys & Girls Club of Webster-Dudley

First Name: _____ Middle: _____ Last: _____
 Nickname: _____
 Gender: ___M ___F Ethnicity: _____ DOB: _____ SSN: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Email: _____

School Information:

Current Teacher: _____
 School: _____ Grade: _____ Fee Level: _____

Medical Information:

Doctor Name: _____ Doctor Phone: _____
 Permission for Treatment by Doctor/Hospital: ___Yes ___No Medicaid: ___Yes ___No
 Does your family have health and/or accident insurance: ___Yes ___No
 Insurance Carrier: _____
 Policy #: _____ Group#: _____
 Date Health Info Received: _____
 Serious Health Problems: ___Yes ___No If Yes, explain: _____
 Medications: ___Yes ___No If Yes, explain: _____
 Date Medical Info Received: _____

Shots:	Hepatitis	MMR	HIB	Polio	DTP Shot	Chicken Pox
1 st Shot	_____	_____	_____	_____	_____	_____
2 nd Shot	_____	_____	_____	_____	_____	_____
3 rd Shot	_____	_____	_____	_____	_____	_____
4 th Shot				_____	_____	
5 th Shot					_____	

General:

Birth Certificate on File: ___Yes ___No Birth City: _____ Birth State/Country: _____
 Member/Contacts Understood Signed Insurance Disclaimer and Permission Statement: ___Yes ___No
 Member has permission to be used in public relations materials: ___Yes ___No
 Member may participate in all Club activities in or adjacent to the club building: ___Yes ___No
 Club Member Since: _____ Religion: _____

Household:

NOTE: This information is collected for Grant writing purposes ONLY

Member lives with: ___ Mom ___ Step Mom ___ Dad ___ Step Dad ___ Grandparent ___ Other: _____

Housing Development: _____

Annual	\$0 - \$5000 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
Income	\$5001 - \$10,000 _____	\$35,001 - \$40,000 _____	\$65,001 - \$70,000 _____
Level:	\$10,001 - \$15,000 _____	\$40,001 - \$45,000 _____	\$70,001 - \$75,000 _____
	\$15,001 - \$20,000 _____	\$45,001 - \$50,000 _____	\$75,001 - \$80,000 _____
	\$20,001 - \$25,000 _____	\$50,001 - \$55,000 _____	\$80,001 - \$85,000 _____
	\$25,001 - \$30,000 _____	\$55,001 - \$60,000 _____	\$85,001 - \$90,000+ _____

Number in Household: _____

Is there a Member of the Household 65 years old or Older: ___ Yes ___ No

Is there a Member of the Household Handicapped: ___ Yes ___ No

Current Head of Household: ___ Female ___ Male

Current Single Parent: ___ Yes ___ No

Physical:

Eye Color: _____ Hair Color: _____ Skin Color/Features: _____

Height: _____ Weight: _____

Do you Belong to other Groups:

___ Boys Scouts or Girl Scouts ___ School Club ___ YMCA or YWCA ___ Church Group

___ Other: _____

Reason(s) for joining: ___ Fun ___ Learning ___ Sports ___ Other: _____

Disclaimer:

The Boys & Girls Club of Webster-Dudley is not responsible or liable in any way in the event of harm or injury occurring to the member. It is agreed that the parent or guardian will not hold Boys & Girls Club of Webster-Dudley responsible for the welfare or whereabouts of the member. If the Parent or Guardian does file a complaint against the Club the Parent or Guardian agrees to pay for Boys & Girls Club of Webster-Dudley legal fees.

Contact's Signature: _____ Member's Signature: _____

FOR OFFICE USE ONLY

Membership #: _____

Entry Date: _____

Expiration Date: _____

Status: _____

Type: _____

New/Renewal Member: _____

Processed by: _____

MEMBERSHIP APPLICATION - CONTACTS

Boys & Girls Club of Webster-Dudley

Member's Name: _____

PRIMARY CONTACT	
Relationship to Member: _____ Parent/Guardian: ____ Emergency: ____ Person Authorized to Pickup Member: ____ Name: _____ DOB: _____ SSN: _____ Occupation: _____ Address H: _____ Employer: _____ Address W: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____	Relationship to Member: _____ Parent/Guardian: ____ Emergency: ____ Person Authorized to Pickup Member: ____ Name: _____ DOB: _____ SSN: _____ Occupation: _____ Address H: _____ Employer: _____ Address W: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____
Relationship to Member: _____ Parent/Guardian: ____ Emergency: ____ Person Authorized to Pickup Member: ____ Name: _____ DOB: _____ SSN: _____ Occupation: _____ Address H: _____ Employer: _____ Address W: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____	Relationship to Member: _____ Parent/Guardian: ____ Emergency: ____ Person Authorized to Pickup Member: ____ Name: _____ DOB: _____ SSN: _____ Occupation: _____ Address H: _____ Employer: _____ Address W: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____
Relationship to Member: _____ Parent/Guardian: ____ Emergency: ____ Person Authorized to Pickup Member: ____ Name: _____ DOB: _____ SSN: _____ Occupation: _____ Address H: _____ Employer: _____ Address W: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____	Relationship to Member: _____ Parent/Guardian: ____ Emergency: ____ Person Authorized to Pickup Member: ____ Name: _____ DOB: _____ SSN: _____ Occupation: _____ Address H: _____ Employer: _____ Address W: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____