

Membership Information Form



Boys & Girls Club of Farmington

OFFICE USE ONLY:

Membership # _____
 Date: _____
 Staff Signature: _____
 Change: _____ Entered- (YES)
 Change: _____ Entered- (YES)
 Change: _____ Entered- (YES)

Last Name:

Please Complete the Following Information (Please Print)

Member's First Name		Middle Initial	Last Name	
<input style="width:100%;" type="text"/>		<input style="width:50%;" type="text"/>	<input style="width:100%;" type="text"/>	
Emergency Contact Person			Emergency Phone	Cell/Pager #
<input style="width:100%;" type="text"/>			()	()
Email Address		Birth Date	Gender (Circle One)	Age
<input style="width:100%;" type="text"/>		<input style="width:50%;" type="text"/>	Male or Female	<input style="width:50%;" type="text"/>
Status: (Circle One)		Ethnicity		
New Member <input type="checkbox"/> Renewing Member <input type="checkbox"/>		White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Asian <input type="checkbox"/>		
Number of Years Previous Member _____		Native American <input type="checkbox"/> Latino <input type="checkbox"/> Other _____		
Home Address			City	
<input style="width:100%;" type="text"/>			<input style="width:100%;" type="text"/>	
State	Zip Code	Home Telephone Number		Cell/Pager #
<input style="width:50%;" type="text"/>	<input style="width:50%;" type="text"/>	()		()
Name of School			Grade	
<input style="width:100%;" type="text"/>			<input style="width:50%;" type="text"/>	
Father's First Name		Father's Last Name		Father's Occupation
<input style="width:50%;" type="text"/>		<input style="width:50%;" type="text"/>		<input style="width:50%;" type="text"/>
Father's Employer		Father's Work Phone Number		Extension
<input style="width:50%;" type="text"/>		()		<input style="width:50%;" type="text"/>
Mother's First Name		Mother's Last Name		Mother's Occupation
<input style="width:50%;" type="text"/>		<input style="width:50%;" type="text"/>		<input style="width:50%;" type="text"/>
Mother's Employer		Mother's Work Phone Number		Extension
<input style="width:50%;" type="text"/>		()		<input style="width:50%;" type="text"/>
Guardian's First Name <small>(If different than parents)</small>		Guardian's Last Name		Guardian's Occupation
<input style="width:50%;" type="text"/>		<input style="width:50%;" type="text"/>		<input style="width:50%;" type="text"/>
Guardian's Employer		Guardian's Work Phone		Extension
<input style="width:50%;" type="text"/>		()		<input style="width:50%;" type="text"/>
Member Lives With (Circle One)				
<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian				

First Name:

Main Unit

Hilltop

Other

Medical Problems (Please Print)

Medications

Household Income

Size of Family	Household income is "Less Than"...				Is "More Than"...
2 persons	\$15,000	\$25,100	\$41,400	\$38,250	
3 persons	\$16,950	\$28,200	\$43,000	\$43,000	
4 persons	\$18,000	\$31,350	\$47,800	\$47,800	
5 persons	\$20,300	\$33,850	\$51,600	\$51,600	
6 persons	\$21,800	\$36,350	\$55,450	\$55,450	
7 persons	\$23,300	\$38,250	\$59,250	\$59,250	
8 persons	\$24,850	\$38,850	\$63,100	\$63,100	

Number of Sisters/Stepsisters

Number of Brothers/Stepbrothers

I give my child permission to join the Boys & Girls Club and participate in its activities. I release the B&GC of responsibility for injury, accident or loss of belongings while my child is participating. I give permission for a licensed physician to perform any medical service deemed necessary in the event that I cannot be reached. I give permission for a B&GC representative to transport my child in said case, when deemed necessary. I permit the B&GC to utilize photographs of my child taken during his/her involvement in B&GC programs and hereby waive all rights of compensation. I give my child permission to participate in anonymous Club program evaluation surveys.

Parent/Guardian Signature

Date

Club Member's Signature

Date

.....Staff Use Only.....

1st Program

DATE: _____ PROGRAM _____ Receipt # _____

CASH: _____ CHECK # _____ Staff Signature _____

2nd Program

DATE: _____ PROGRAM _____ Receipt # _____

CASH: _____ CHECK # _____ Staff Signature _____

3rd Program

DATE: _____ PROGRAM _____ Receipt # _____

CASH: _____ CHECK # _____ Staff Signature _____

4th Program

DATE: _____ PROGRAM _____ Receipt # _____

CASH: _____ CHECK # _____ Staff Signature _____