

MEMBERSHIP APPLICATION
Boys & Girls Clubs of Phillips County

First Name: _____ Middle: _____ Last: _____
 Nickname: _____ Gender: ___M___F DOB: _____ Age: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Emergency Phone: _____ Cell Phone: _____

What is your Race: (You must choose one)

American Indian/Alaska Native Asian Black or African American White
 Native Hawaiian or Pacific Islander American Indian/Alaska Native & White Asian & White
 American Indian/Alaska Native & Black/African American Black/African American & White
 Race Combination Not Included in Above Categories – Specify _____
 Other _____

School Information:
 School: _____
 Current Teacher _____ Grade: _____ Free Lunch at School? ___yes___no

Medical Information:
 Permission for Treatment by Doctor/Hospital: ___Yes___No
 Does your family have health and/or accident insurance: ___Yes___No
 Serious Health Problems: ___Yes___No If Yes, explain: _____
 Medications: ___Yes___No If Yes, explain: _____
 Are your immunizations up to date? ___yes___no (you may be required to provide shot records if asked)

Household: *NOTE: This information is collected for funding purposes and is REQUIRED*

Member lives with (Check all that applies): Mom ___Step Mom___Dad ___Step Dad___ Other: _____
 Current Single Parent: ___Yes___No Current Head of Household: ___Female___Male
 Number in Household: _____ Annual Household Income (required): \$ _____

Parent/Guardian Contact Information:

Guardian Name: _____ Relationship: _____
 Employed at: _____ Occupation: _____ Contact #: _____
 Guardian Name: _____ Relationship: _____
 Employed at: _____ Occupation: _____ Contact #: _____

General:

Birth City: _____ Birth State: _____ Years in this Area: _____

How many years have you been a Boys & Girls Club member? _____

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

Do you belong to any other Clubs? ___ Boy Scouts or Girl Scouts ___ School Club ___ YMCA or YWCA
___ Church Club ___ Other: _____

Member's Promise:

I promise to take care of my Club and property. If at any time I am asked to return my card, I understand that my dues will not be returned to me. The Club has my permission to use my likeness in advertisement and promotional materials.

Member's signature _____ Date ___/___/___

Disclaimer:

I hereby give my permission to my child to become a member of the Boys & Girls Club. I understand that the Club is not responsible for the time or manner in which he/she may arrive at or leave the Club, and that the Boys & Girls Club and its property are not responsible for personal injury or loss of property. The Club has my permission to use my child's likeness in advertisement and promotional materials.

I hereby give my permission for the Boys & Girls Club to arrange transportation and treatment in case of injury to my child, if I cannot be reached at the time.

To comply with requirements of funding sources this agency needs all clients to give us information on their income and family size in order to qualify for services. You must provide self certification that the information you provide is true to the best of your knowledge. Additionally, if asked you will need to verify income and understand you may be asked to do this. All information is kept confidential for record keeping and reporting requirements. No information will be released without written consent of the individual. "I certify that all information provided on this application is true to the best of my knowledge. I also understand that if asked I will provide verification of my income".

Parent's (Guardian's) signature _____ Date ___/___/___

FOR OFFICE USE ONLY

Membership #: _____

Entry Date: _____

Expiration Date: _____

Status: _____

Paid: _____

New/Renewal Member: _____

Processed by: _____