



2023-24 MEMBERSHIP APPLICATION

Boys & Girls Club of Weslaco Inc.

Unit Name: _____ **Membership #:** _____ **Entry Date:** ____ / ____ / ____
Registered By: _____ **Birth Certificate Verified By:** _____ **New or Renewal**
Receipt # _____ **Amount Paid \$** _____ **CASH OR CARD**

Legal Name: _____ **Nickname:** _____
First Middle Last

Gender: ___M ___F **Ethnicity:** _____ **DOB:** _____ **Age:** ___ **SSN:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Email Address** _____

Mothers Name: _____ **Father Name:** _____

Phone work : _____ **cell:** _____ **Phone work:** _____ **Cell:** _____

Place of employment: _____ **Place of employment** _____

Emergency Contact: _____ **Relationship:** _____ **Phone:** _____

School Information: **School:** _____ **Grade:** _____

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:** _____

Serious Health Problems: ___Yes ___No **If Yes, explain:** _____ **Does your child have Asthma?** _____

Medications: ___Yes ___No **If Yes, explain:** _____

General:

Birth Certificate on File: ___Yes ___No **Birth City:** _____ **Birth State/Country:** _____

Household:

NOTE: This information is collected for Grant writing purposes ONLY

Current Head of Household: ___Female ___Male **Current Single Parent:** ___Yes ___No

Member lives with: ___Mom ___Step Mom ___Dad ___Step Dad ___Grandparent ___Other: _____

Household Size	Extremely low Income	Very Low Income	Low Income	Over Income
1 Person ___	Under \$12,800 ___	\$12,800 to \$21,350 ___	\$21,350 to \$34,100 ___	Over \$34,100 ___
2 Persons ___	Under \$14,600 ___	\$14,600 to \$24,400 ___	\$24,400 to \$39,000 ___	Over \$39,000 ___
3 Persons ___	Under \$16,450 ___	\$16,450 to \$27,450 ___	\$27,450 to \$43,850 ___	Over \$43,800 ___
4 Persons ___	Under \$18,250 ___	\$18,250 to \$30,450 ___	\$30,450 to \$48,700 ___	Over \$48,800 ___
5 Persons ___	Under \$19,750 ___	\$19,750 to \$32,900 ___	\$32,900 to \$52,600 ___	Over \$52,600 ___
6 Persons ___	Under \$21,200 ___	\$21,200 to \$35,350 ___	\$35,350 to \$56,500 ___	Over \$56,500 ___
7 Persons ___	Under \$22,600 ___	\$22,650 to \$37,800 ___	\$37,800 to \$60,400 ___	Over \$60,400 ___
8 Persons ___	Under \$24,100 ___	\$24,100 to \$40,200 ___	\$40,200 to \$64,300 ___	Over \$64,300 ___

Persons Authorized to pick up your Child:

1. _____
2. _____
3. _____
4. _____

