THE BOYS & GIRLS CLUB OF WESLACO INC SPORTS MEMBERSHIP APPLICATION No Refunds

New Member	_ or Kenewai				
EMAIL ADDRESS R	REQUIRED				
Legal Name:			Nickname:		
	First	Middle	Last		
Gender:MF	Ethnicity:	DOB:	SSN: _		
		City:	St	tate: Zip: _	
Home Phone:		.ddress Work (Both)Cell F	"hone#		
		Cell (Both) Work Phon			
		Relationship:			
School Information: S	School:		Grade:		
•		who are current or past l	•		
General: Birth Certificate on F	File:Yes	_No Birth City:	Birth	State/Country:	
Household:	NOTE: This in	formation is collected fo	or Grant writing pu	arposes ONLY	
Do you receive any typ	pe of governmental	assistance Yes or	No		
Member lives with:	Mom Ste	p MomDadSte	en Dad - Grandna	arent Other:	
Number in Household		_	. — .		
Annual		 \$0 - \$5000	\$30.00	01 - \$35,000	\$60,001 - \$65,000
Income		\$5001 - \$10,000		01 - \$40,000	\$65,001 - \$70,000
Level:		10,001 - \$15,000		01 - \$45,000	\$70,001 - \$75,000
		\$15,001 - \$20,000		01 - \$50,000	\$75,001 - \$80,000
		20,001 - \$25,000			
		25,001 - \$23,000		01 - \$55,000 01 - \$60,000	\$80,001 - \$85,000 \$85,001 - \$90,000+
	Ψ2	25,001 - \$50,000	φ33,00	σ1 - φου,σου	φου,001 - φυ0,000
Current Head of House	ehold: Female	eMale	Current Single Pare	ent: Yes No)
		ears old or Older:			
	•	dicapped:Yes _			
		Military Branch:		_	
Medical Information: Doctor Name:		Doctor I	Phone:		
Permission for Treatr	ment by Doctor/Hos	pital:Yes	_No Medi	caid:Yes	No
Does your family hav	ve health and/or acci	dent insurance:Yes	No Insuranc	ce Carrier:	
		No If Yes, explain:			
		xplain:			