



Boys & Girls Clubs of DOHYLOOH  
MEMBERSHIP FORM

Unit: \_\_\_\_\_  
YEAR \_\_\_\_ YEAR \_\_\_\_

GENERAL INFORMATION ON FILE

Copy of Birth Certificate: Yes \_\_\_\_ No \_\_\_\_  
 Copy of Valid ID for 17/18 Year Olds To Verify Age: Yes \_\_\_\_ No \_\_\_\_  
 Previous Member of a Boys & Girls Club: Yes \_\_\_\_ No \_\_\_\_  
 Previous Club Name: \_\_\_\_\_  
 Do You Live at a Public Housing Property? Yes \_\_\_\_ No \_\_\_\_

AFFILIATIONS

Church: \_\_\_\_\_ Pastor: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Boy Scouts/Girl Scouts Troop: Yes \_\_\_\_ No \_\_\_\_ Leader: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 4H Club Member: Yes \_\_\_\_ No \_\_\_\_ Other: \_\_\_\_\_

CONFIDENTIAL INFORMATION

**The following information is necessary for our records and the funding our organization receives. The answers you provide are confidential. Your cooperation in providing this information is both appreciated and necessary.**

**Number of Family Members in Household:** \_\_\_\_\_ **Annual Household Income:** \_\_\_\_\_  
 Circle all that apply:  
 SSDI      SSI      TANF      Food Stamps      General Assistance      Teen Parent  
                  VA Compensation      General Assistance

FAMILY SETTING

Child Lives With: Mother Only \_\_\_\_ Father Only \_\_\_\_ Foster Care \_\_\_\_  
 One Parent/One Step Parent \_\_\_\_ Two Parent Family \_\_\_\_ Grandparents \_\_\_\_  
 Other \_\_\_\_ Please explain: \_\_\_\_\_

Is Parent Active Military? YES \_\_\_\_ NO \_\_\_\_ Branch \_\_\_\_\_

SIGNATURES

I promise to take care of my club and property. If at any time I am asked to return my card, I understand no dues will be returned to me.

**Member's Signature:** \_\_\_\_\_

I hereby give my permission for my child to become a member of the Boys & Girls Clubs of Lake Eufaula. I have signed the attached Parent Agreement.

Parent/Guardian's Signature: \_\_\_\_\_

Application Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration/Renewal Date \_\_\_\_\_/\_\_\_\_/\_\_\_\_

Membership Fee: \$ \_\_\_\_\_ Program Fee: \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Staff: \_\_\_\_\_ Year \_\_\_\_\_

Staff: \_\_\_\_\_ Year \_\_\_\_\_