



Boys & Girls Club of Daleville
MEMBERSHIP FORM

Unit: _____

YEAR ____ YEAR ____

MEMBERSHIP # _____

CARD ISSUED DATE _____

First Name:

Middle Name:

Last Name:

Nickname:

Date of Birth:

SSN:

Gender: Male ____ Female ____

Age:

Grade:

Parent/Guardian E-mail:

Ethnicity: American Indian or Alaska Native ____ Asian ____ Black/African American ____

Hispanic/Latino ____ Native Hawaiian/Other Pacific Islander ____ White/Caucasian ____

Other ____

Current street address:

City:

State:

ZIP Code:

Cell Phone:

Home Phone:

Emergency Phone:

Previous address:

City:

State:

ZIP Code:

SCHOOL INFORMATION

Name of School:

School Address:

City:

State:

ZIP Code:

Free Lunch ____ Reduced Lunch ____ Neither Free or Reduced Lunch ____

FAMILY HISTORY

Mother's Name:

Mother's Employer:

Mother's Work Phone Number:

Father's Name:

Father's Employer:

Father's Work Phone Number:

Name of Guardian (if different from mother or father):

Guardian's Employer:

Guardian's Work Phone Number:

Relationship to Guardian:

Number of Brothers/Step Brothers Living With You:

Number of Sisters/Step Sisters Living With You:

Names of Siblings Attending This Club:

MEDICAL INFORMATION

Doctor's Name:

Doctor's Phone:

Health/Accident Insurance Provider:

Policy Number:

Group Number:

Permission for Doctor/Hospital Emergency Trip: Yes ____ No ____

Please Indicate Any Medical Problems And/Or Allergies:

Physical or Mental Limitations:

Please Indicate Any Medication Currently Taking:



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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 _____