

**Eight Clubs:** Dahlonegah, Maryetta, Maryetta Teen, Rocky Mountain, Stilwell, Westville, Zion and Zion Teen

Administration Office: 503 W Division Street Stilwell, OK 74960 918-696-32202

## Membership Application 2025 - 2026

## Youth's Information

Name				
First: N	liddle:	Last:		
Age:	School:	Grac	Grade Entering Fall 2025:	
Address:				
City:	State:		Zip:	
Gender: Male ☐ Female ☐	<b>Birthday</b> Month:	Day:	Year:	
Ethnicity:  Native American Caucasian Asian African American Hispanic Other				
Resides with:  Both Parents Mom Dad Stepmom Stepdad Grand Parents Other				
Siblings Name:	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
Medical Information:				
Serious Health Problems? Yes L No L If yes, please provide details:				
Parent's Information				
Mother				
First: Mid	Middle: Last:			
Mother's Address:	Email:			
Employer's Name:	Employer's Phone:			
Father				
First: Mide	Middle: Last:			
Father's Address:	Email:			
Fmnlover's Name:	Employer's Phone:			

## **Contact Information**

Mother's Phone Number	Call	NAZ - J	
Home:	Cell:	Work:	
Father's Phone Number Home:	Cell:	Work:	
Guardian's Phone Number			
Home:	ne: Cell:		
Other Phone Number			
Home:	Cell:	Work:	
Pick up List			
Name	Phone Number	How Related to Youth	
Please list anyone that is restricted			
Does youth reside in a single-family	home? Yes  No  No		
Household Number:	_		
Is Parent/Guardian active in the Mi	litary? Yes 🗌 No 🦳		
Is Mambar in Fastar Cara or Guardi			
Is Member in Foster Care or Guardi	anship? Yes  No		
My child may participate in BGC of TRAIL, Healthy Habits, and Smart G		uch as: Smartmoves, Career Launch,	
-		graph or video publicly for club use. I ns, online publications, presentations,	
Parent/Guardian Signature:		_ Date:	