

20___ Membership Application

Annual Fee \$20.00 Per Calendar Year **Jan. 1st - Dec. 31st**

SE ONLY	Club No. Exp. Date 12/31/20 Receipt No. Staff Name New / Renew Card / Input Extended Day Check Box OJP Outreach check box Highlander Hour check box	
OFFICE	Card/ Input Extended Day Check Box OJP Outreach check box Highlander Hour check box	

Please Print Clearly

NAME:		HOME PHONE: ()			
NAME:FIRST	MIDDLE	LAST		,,	
ADDRESS:			CITY:		ZIP:
DATE OF BIRTH:	AGE:	SCHOOL:		GRADE:	SEX (M/F)
MOTHER'S NAME:		MOTHER'S		WORK	
MOTHER'S CELL: ()		MOTHER'S _ E-MAIL ADDRESS: _			
FATHER'S NAME:		FATHER'S WORK PLACE:		WORK PHONE #: (_)
FATHER'S CELL: ()		FATHER'S E-MAIL ADDRESS: _			
EMERGENCY CONTACT:		RELATIONSHIP TO CHILD:		EMERGENCY PHONE #: (
IS ANYONE IN THE HOUS	EHOLD ACTIVE MIL	ITARY OR A VETERAN	· YES 🗆 NO 🗖	İ	
	_	that you agree and und t you have reviewed fol		ng	
THE FOLLOWING DOCUM	IENTATION IS REQ		IE (i.e. check stub, A	AFDC statement), for	scholarships only
I hereby give permission for ic, cultural, and social activithe club, its officials and stapermission to use photos or phone numbers and mem	ities at the Club. I und aff members. Member f my child and to see	derstand my child's meml rship may be suspended k medical attention in an	bership standing is be or cancelled at any t	ased on his/her ability t ime for misbehavior. Th	o obey the rules of ne Club has my
The Boys & Girls Clubs of mu		pen Door" Policy. If you w o do so, <u>as we are not res</u>	•		ng open hours you
Parent's Name (Print)	 Pa	rent's Signature		 	