

# MEMBERSHIP INFORMATION FORM

Boys & Girls Club of Clifton  
822 Clifton Avenue  
Clifton, NJ 07013  
(973) 773-2697 - Front Desk  
(973) 773-3103 - Fax

Memberships are valid 1 year from date joined. Please fill out all information!

Dues: \$40.00 for 1 Member \$30.00 for each additional child(ren)

Memberships are non-refundable

If all information is not filled out Membership will be VOID

## Member Information: (Please Print)

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

(Line 1)

(City)

(State)

(Zip)

Home Phone Number: \_\_\_\_\_

( ) - \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender:  Male  Female

Can Child Swim: Y N

School: \_\_\_\_\_

City: \_\_\_\_\_

Grade: \_\_\_\_\_

Special Class: \_\_\_\_\_

### Ethnicity:

- African American
- American Indian
- Asian
- Caucasian
- Hispanic
- Multi-Racial
- Other

## Medical Information:

Name of Doctor \_\_\_\_\_

Phone Number: ( ) - \_\_\_\_\_

## Allergies and/or Medications:

### INCOME LEVEL

Family Size: \_\_\_\_\_

Family Income: Circle One

Under 13,538	Under 30,650	Over 30,650	Under 32,238	Under 45,133	Over 47,712
Under 18,213	Under 35,000	Over 35,000	Under 36,913	Under 51,678	Over 54,631
Under 22,888	Under 39,400	Over 39,400	Under 41,588	Under 58,223	Over 61,550
Under 27,563	Under 43,750	Over 43,750	Under 46,263	Under 64,768	Over 68,469

## Head of Household (Please Print)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender:

Male  Female

Address: \_\_\_\_\_

(Line 1)

(Line 2)

(City)

(State)

(Zip)

Phone Number: \_\_\_\_\_

( ) - \_\_\_\_\_

Phone Type:

Home  Work  Cell

( ) - \_\_\_\_\_

Home  Work  Cell

E-Mail Address: \_\_\_\_\_

E-Mail Type:  Home  Work

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Occupation: \_\_\_\_\_

### Family Setting:

- Divorced
- Single Parent
- Single
- Separated
- Married
- Other

**Other Parent / Guardian (Please Print)**

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Gender:**

Male

Female

**Address:**

(Line 1) \_\_\_\_\_

(Line 2) \_\_\_\_\_

(City) \_\_\_\_\_

(State) \_\_\_\_\_

(Zip) \_\_\_\_\_

**Phone Number:**

( ) - \_\_\_\_\_

( ) - \_\_\_\_\_

**Phone Type:**

Home  Work  Cell

Home  Work  Cell

**E-Mail Address:** \_\_\_\_\_

**E-Mail Type:**

Home

Work

**Employer:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Pick Up Information: (Please Print)**

**Two people authorized to pick up member - NOT A PARENT/GUARDIAN**

1.) **First & Last Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

2.) **First & Last Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone Number:**

( ) \_\_\_\_\_

( ) \_\_\_\_\_

**Phone Number:**

( ) \_\_\_\_\_

( ) \_\_\_\_\_

For the Boys & Girls Club of Clifton to maintain programs at the lowest cost to parents we apply for federal funding when available. To receive this funding we must supply them with information including income levels of our membership. We ask for your voluntary cooperation by completing the form below so we can continue to provide our services to the youth of Clifton at an affordable cost to the families.

**Check all that Apply**

TANF

Food Stamps

General Assistance

SSDI

SSI

Veterans Compensation

Day Care Voucher

School Lunch

Medicaid

4C's

**Have you ever been involved in the Boys & Girls Club of Clifton? If yes, what years**

**Would you like to be on our Alumni Mailing list? YES NO**

I, \_\_\_\_\_ do hereby give my son/daughter \_\_\_\_\_ permission to attend and/or participate in activities, including bus trips to the park and walking trips within the neighborhood, sponsored by the Boys & Girls Club of Clifton, it's employees, associates and contributors, in further consideration of the benefits to be gained by our child we covenant that we will never institute any action by law against the Boys & Girls Club of Clifton, Inc., it's agents, servants and employees, on account of any injury or other loss or damage sustained by our child's participation. Furthermore, I hereby do authorize medical examination and treatment of my son/daughter by a qualified licensed physician in any event of an accident and all efforts to contact the parent/guardian have been exhausted. In addition, I hereby consent to use, by you or anyone authorized by you, my child's photograph or any reproductions of them, for editorial illustration, advertising or non-profit promotional purposes. I also consent to the use of my name in connection therewith.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

**MEMBERSHIP**

**NEW**

**CURRENT**

**LAPSED**

**OFFICE**

**ID NUMBER:** \_\_\_\_\_

**DATE ENTERED:** \_\_\_\_\_

**ENTERED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**RECEIPT #:** \_\_\_\_\_

**AMOUNT:** \_\_\_\_\_

**INITIALS:** \_\_\_\_\_