

ADULT 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: \$60.00 for 1 Member - \$50.00 for Seniors
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: _____

Gender: Male

Female

(City) _____

(State) _____

(Zip) _____

Can You Swim: Y N

Home Phone Number: _____

Cell Phone Number: _____

Age: _____

Birth Date: _____

E-Mail Address: _____

E-Mail Type:

Home Work

Employer: _____

Job Title: _____

Occupation: _____

Spouse's First Name: _____

Last Name: _____

Spouse's Cell Phone Number: _____

EMERGENCY INFORMATION:

Contact Name: _____

Phone Number: _____

Relationship: _____

MEDICAL INFORMATION:

Doctor Name: _____

Phone Number: _____

Hospital: _____

List Medications: _____

Any Chronic or Acute Illness: _____

Special problems we should be aware of, allergies, high blood pressure, physical disabilities, etc.?:

**** THE FOLLOWING INFORMATION IS REQUIRED FOR THE UNITED WAY OF PASSAIC VALLEY ****

**** ALL INFORMATION IS KEPT CONFIDENTIAL ****

CHECK ONE IN EACH SECTION:

Ethnicity:

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

Member Is:

Single Married Divorced Widowed

Residence:

Bloomfield Clifton Garfield Haledon Hawthorne Hewitt
 Little Falls Montclair North Haledon Nutley Packanack Lake Passaic
 Paterson Pompton Lakes Ringwood Totowa Wallington Wayne
 West Milford Woodland Park Other _____

Income Level: (Please check one)

Under 13,538 Under 22,888 Under 30,650 Under 39,400 Under 45,133 Under 51,678 Under 64,768
 Under 18,213 Under 27,563 Under 35,000 Under 43,750 Under 46,263 Under 58,223 Over 65,000

Have you, your spouse or child 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**

WE COVENANT THAT WE WILL NEVER INSTITUTE ANY ACTION BY LAW AGAINST THE BOYS & GIRLS CLUB OF CLIFTON, INC., ITS AGENTS, SERVANTS AND EMPLOYEES, ON ACCOUNT OF ANY INJURY OR OTHER LOSS OR DAMAGE SUSTAINED BY OUR PARTICIPATION. FURTHERMORE, I HEREBY DO AUTHORIZE MEDICAL EXAMINATION AND TREATMENT BY A QUALIFIED LICENSED PHYSICIAN IN ANY EVENT OF AN ACCIDENT. LOCKERS ARE PROVIDED AS A CONVENIENCE. THE BOYS & GIRLS CLUB OF CLIFTON IS AUTHORIZED TO OPEN AND INSPECT THESE LOCKERS IF NECESSARY.

Member's Signature: _____ **Date:** _____

***** FOR OFFICE USE ONLY *****

MEMBERSHIP	OFFICE
<input type="checkbox"/> NEW	ID NUMBER: _____
<input type="checkbox"/> CURRENT	DATE ENTERED: _____
<input type="checkbox"/> LAPSED	ENTERED BY: _____

DATE: _____
 RECEIPT #: _____
 AMOUNT: _____
 INITIALS: _____

ADULT PROGRAMS		
<input type="checkbox"/> LAP SWIM	<input type="checkbox"/> ZUMBA	<input type="checkbox"/> OTHER
<input type="checkbox"/> SWIM LESSONS	<input type="checkbox"/> MOM & TOT	<input type="checkbox"/>
<input type="checkbox"/> WATER EXERCISE	<input type="checkbox"/> WET PROGRAM	<input type="checkbox"/>