



MEMBERSHIP APPLICATION

Unit Name: _____

First Name: _____ Middle: _____ Last: _____

Nickname: _____

Gender: ___M ___F Ethnicity: _____ DOB: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

School Information:

Current Teacher (Homeroom): _____

School: _____ Grade: _____

The Boys & Girls Clubs of Buffalo has my permission to obtain copies of my child's report cards ___ Yes ___ No

Is your child receiving: **Special Ed** ___ Yes ___ No **LEP** ___ Yes ___ No **504** ___ Yes ___ No

Medical Information:

Doctor Name: _____ Doctor Phone: _____

Permission for Treatment by Doctor/Hospital: ___ Yes ___ No Medicaid: ___ Yes ___ No

Does your family have health and/or accident insurance: ___ Yes ___ No

Insurance Carrier: _____

Policy #: _____ Group#: _____

Date Health Info Received: _____

Serious Health Problems: ___ Yes ___ No If Yes, explain: _____

Medications: ___ Yes ___ No If Yes, explain: _____

Date Medical Info Received: _____

Allergies: Food Medication Other

General:

Birth Certificate on File: ___ Yes ___ No Birth City: _____ Birth State/Country: _____

Member/Contacts Understood Signed Insurance Disclaimer and Permission Statement: ___ Yes ___ No

Member has permission to be used in public relations materials: ___ Yes ___ No

Member may participate in all Club activities in or adjacent to the club building: ___ Yes ___ No

Club Member Since: _____

Household:

NOTE: This information is collected for Grant writing purposes and to determine fee.

Member lives with: ___ Mom ___ Step Mom ___ Dad ___ Step Dad ___ Grandparent ___ Other:

Housing Development: _____

Annual	\$0 - \$5000 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
Income	\$5001 - \$10,000 _____	\$35,001 - \$40,000 _____	\$65,001 - \$70,000 _____
Level:	\$10,001 - \$15,000 _____	\$40,001 - \$45,000 _____	\$70,001 - \$75,000 _____
	\$15,001 - \$20,000 _____	\$45,001 - \$50,000 _____	\$75,001 - \$80,000 _____
	\$20,001 - \$25,000 _____	\$50,001 - \$55,000 _____	\$80,001 - \$85,000 _____
	\$25,001 - \$30,000 _____	\$55,001 - \$60,000 _____	\$85,001 - \$90,000+ _____

Number in Household: _____

Is there a Member of the Household 65 years old or Older: ___ Yes ___ No

Is there a Member of the Household Handicapped: ___ Yes ___ No

Current Head of Household: ___ Female ___ Male

Current Single Parent: ___ Yes ___ No Do all adults work during the hours of the program ___ Yes ___ No

Physical:

Eye Color: _____ Hair Color: _____ Skin Color/Features: _____
Height: _____ Weight: _____

Do you Belong to other Groups:

___ Boys Scouts or Girl Scouts ___ School Club ___ YMCA or YWCA ___ Church Group

___ Other: _____

Reason(s) for joining: ___ Fun ___ Learning ___ Sports ___ Other: _____

Disclaimer:

The Boys & Girls Clubs of Buffalo is not responsible or liable in any way in the event of harm or injury occurring to the member. If the Parent or Guardian does file a complaint against the Club the Parent or Guardian agrees to pay for Boys & Girls Clubs of Buffalo legal fees. The Boys & Girls Clubs of Buffalo is not responsible for lost or stolen items.

Parent/Guardian Signature: _____ **Date:** _____

FOR OFFICE USE ONLY	Membership #: _____	
Entry Date: _____	Expiration Date: _____	Status: _____
Type: _____	New/Renewal Member: _____	Processed by: _____
SES ___ Yes ___ No	DSS ___ Yes ___ No	Fee _____



MEMBERSHIP APPLICATION CONTACTS & AUTHORIZATION TO PICK UP

Member's Name: _____

PRIMARY CONTACT	
Relationship to Member: _____ Parent/Guardian: _____ Emergency: _____ Person Authorized to Pickup Member: _____ Name: _____ DOB: _____ SSN: _____ Occupation: _____ Address H: _____ Employer: _____ Address W: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____	Relationship to Member: _____ Parent/Guardian: _____ Emergency: _____ Person Authorized to Pickup Member: _____ Name: _____ DOB: _____ SSN: _____ Occupation: _____ Address H: _____ Employer: _____ Address W: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____
Relationship to Member: _____ Parent/Guardian: _____ Emergency: _____ Person Authorized to Pickup Member: _____ Name: _____ DOB: _____ SSN: _____ Occupation: _____ Address H: _____ Employer: _____ Address W: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____	Relationship to Member: _____ Parent/Guardian: _____ Emergency: _____ Person Authorized to Pickup Member: _____ Name: _____ DOB: _____ SSN: _____ Occupation: _____ Address H: _____ Employer: _____ Address W: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____
Relationship to Member: _____ Parent/Guardian: _____ Emergency: _____ Person Authorized to Pickup Member: _____ Name: _____ DOB: _____ SSN: _____ Occupation: _____ Address H: _____ Employer: _____ Address W: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____	Relationship to Member: _____ Parent/Guardian: _____ Emergency: _____ Person Authorized to Pickup Member: _____ Name: _____ DOB: _____ SSN: _____ Occupation: _____ Address H: _____ Employer: _____ Address W: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____

CLIENT CHARACTERISTIC FORM - YEAR 29

PLEASE COMPLETE THIS FORM WITH A PROPERTY ADDRESS SITUATED IN THE CITY OF BUFFALO ONLY. THIS INFORMATION WILL BE USED FOR STATISTICAL PURPOSES ONLY.

DATE: _____

ADDRESS: _____

1. How many family members live in your household, including yourself? (check one)

1	2	3	4	5	6	7	8	9	9+

2. Household income: (check one)

1	\$29,400 or less	6	\$48,700 or less
2	\$33,600 or less	7	\$52,100 or less
3	\$37,800 or less	8	\$55,450 or less
4	\$42,000 or less	9	more than \$55,450
5	\$45,350 or less		

3. Ethnicity: (check one)

1	Hispanic or Latino
2	Not Hispanic or Latino

4. Which group do you belong to? (check one category only)

Single Race:

or Multi Race:

1	White	1	American Indian or Alaskan Native <i>and</i> White
2	Black or African American	2	Asian <i>and</i> White
3	Asian	3	Black or African American <i>and</i> White
4	American Indian or Alaskan Native	4	American Indian or Alaskan Native <i>and</i> White
5	Native Hawaiian or other Pacific Islander	5	Other Multi Racial

5. Sex:

1	Female
2	Male

6. Age: (check one)

1	under 5 years	5	25-44 years
2	5-15 years	6	45-54 years
3	16-21 years	7	55-64 years
4	22-24 years	8	over 64 years

7. Is the head of your household female?

1	Yes
2	No

8. Do you consider yourself a person with a severe disability?

1	Yes
2	No

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