

Membership Information Form

Member Organization of



BOYS & GIRLS CLUBS
OF AMERICA

BGC of Marshall County
314 E. Jefferson St
Plymouth, IN 46563

P: (574) 936-0660

F: (574) 936-3642

Confidentiality: Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. Required fields are denoted with an asterisks(*)

Head of Household (Please Print)

First Name:*

Last Name:*

Gender:

 Male Female

Family Income:

- 9,000 or below
- 9,001 - \$12,000
- 12,001 - \$15,000
- 15,001 - \$19,000
- 19,001 - \$23,000
- 23,001 - \$28,000
- 28,001 - \$32,700
- 32,701 - \$37,500
- 37,501 - \$42,000
- 42,001 - \$45,000
- over \$45,000

Address:*

(Line 1)

(Line 2)

(City)

(State)

(Zip Code)

Address Type:*

 Home Work _____

Phone Number:*

() -

() -

Phone Type:*

 Home Work _____ Home Work _____

Family Size:

E-Mail Address:

E-Mail Type:

 Home Work _____

Employer:

Job Title:

Occupation:

Parents / Guardian (Please Print)

First Name:

Last Name:

Gender:

 Male Female

Address:

(Line 1)

(Line 2)

(City)

(State)

(Zip Code)

Address Type:

 Home Work _____

Phone Number:

() -

() -

Phone Type:

 Home Work _____ Home Work _____

E-Mail Address:

E-Mail Type:

 Home Work _____

Employer:

Job Title:

Occupation:

Member Information (Please Print)

First Name:*

Middle Name:

Last Name:*

Nick Name:

Birth Date:*

Social Security Number:*

Gender:

Male
 Female

Ethnicity:

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

Membership Type:*

Bremen Unit
 Marshall County Unit

Pick up Authorization Password:

School:

Grade:

Household Type:

Biological Mom & Dad Dad & Step-Mom
 Dad ONLY Grandparent(s) Mom & Step-Dad
 Mom ONLY Other

Family Setting:

1 Parent Family 2 Parent Family
 Foster Family Other

Check all that Apply:

TANF
 Food Stamps
 General Assistance
 SSDI
 SSI
 School Lunch
 Medicaid
 Can Swim

Address:*

(Line 1)

(Line 2)

(City)

(State)

Address Type:*

Home
 Work _____

(Zip Code)

Phone Number:*

() -

Phone Type:*

Home Work _____

Member Medical Information (Please Print)

Insurance Company:

Insurance Policy Number:

Medications:

Medical Problems/Allergies:

Physician:

Physician Phone:

Disabilities:

Hospital:

Hospital Phone:

Pick Up Information (Please Print)

Two people authorized to pick up member -

1.) First Name:

Last Name:

Home

Work

Parent

Guardian

Emergency Contact

Primary Emergency Contact

Lives With Member

2.) First Name:

Last Name:

Home

Work

Parent

Guardian

Emergency Contact

Primary Emergency Contact

Lives With Member

The BGC of Marshall County also uses the following fields to learn more about your child. Please check one item from each group below.

Must DO Homework ___ No
1st: ___ Yes

Swimming Ability: ___ Average
___ Poor
___ Well

Walk Home: ___ Allowed
___ NOT Allowed

I have read and completed the membership application and read the membership information guide and policies for the Boys & Girls Clubs of Marshall County. I am requesting that my son/daughter be admitted into membership. I have explained the rules to my child and agree that the Boys & Girls Clubs of Marshall County will not be responsible for any accident to my child while on the Boys & Girls Clubs of Marshall County premises or while engaged in any of its activities away from the Club. I agree that the Boys & Girls Clubs of Marshall County are not responsible for any lost or stolen items that belong to my child. I give my consent for photographs, in which my son/daughter may appear, to be used in promotional materials by the Boys & Girls Clubs of Marshall County.

Parent or Guardian Signature

Member's Signature

Date