



MEMBERSHIP APPLICATION

APLICACIÓN PARA AFILIACIÓN

FOR ADMIN USE ONLY:

RENEW NEW

INITIAL JOIN DATE: ID#

FEM HT JVC PY RD SD

MEMBER INFORMATION / INFORMACIÓN DE MIEMBRO

FIRST NAME/NOMBRE:		LAST NAME/APELLIDO:		<input type="checkbox"/> BOY HOMBRE	<input type="checkbox"/> GIRL MUJER
ETHNICITY / ORIGEN ETNICO <input type="checkbox"/> AFRICAN AMERICAN / AFRICANO AMERICANO <input type="checkbox"/> ASIAN / ASIANO <input type="checkbox"/> CAUCASIAN / ANGLO <input type="checkbox"/> HISPANIC / HISPANO <input type="checkbox"/> MULTI-RACIAL <input type="checkbox"/> NATIVE AMERICAN / NATIVO AMERICANO			BIRTH DATE / DIA DE NACIMIENTO: MONTH / MES DAY / DIA YEAR / AÑO		AGE
HOME ADDRESS / DOMICILIO			CITY / CIUDAD		
STATE / ESTADO	ZIP / CODIGO	HOME PHONE / NUMERO DE TELEFONO	SCHOOL / ESCUELA	GRADE / GRADO	

CONTACTS / INFORMACIÓN EN CASO DE EMERGENCIA

FIRST NAME / NOMBRE		LAST NAME / APELLIDO		CONTACT PHONE / NUMERO DE CONTACTO:	
RELATIONSHIP TO MEMBER / RELACIÓN:					
<input type="checkbox"/> MOTHER / MADRE	<input type="checkbox"/> FATHER / PADRE	<input type="checkbox"/> PRIMARY CONTACT / CONTACTO PRIMARIO	<input type="checkbox"/> HOME / HOGAR	<input type="checkbox"/> WORK / TRABAJO	
<input type="checkbox"/> RELATIVE / PARIENTE	<input type="checkbox"/> FRIEND / AMIGO/A	<input type="checkbox"/> PARENT / GUARDIAN	<input type="checkbox"/> EMERGENCY CONTACT / CONTACTO DE EMERGENCIA	<input type="checkbox"/> CELL / CELULAR	

FIRST NAME / NOMBRE		LAST NAME / APELLIDO		CONTACT PHONE / NUMERO DE CONTACTO:	
RELATIONSHIP TO MEMBER / RELACIÓN:					
<input type="checkbox"/> MOTHER / MADRE	<input type="checkbox"/> FATHER / PADRE	<input type="checkbox"/> PRIMARY CONTACT / CONTACTO PRIMARIO	<input type="checkbox"/> HOME / HOGAR	<input type="checkbox"/> WORK / TRABAJO	
<input type="checkbox"/> RELATIVE / PARIENTE	<input type="checkbox"/> FRIEND / AMIGO/A	<input type="checkbox"/> PARENT / GUARDIAN	<input type="checkbox"/> EMERGENCY CONTACT / CONTACTO DE EMERGENCIA	<input type="checkbox"/> CELL / CELULAR	

MEDICAL INFORMATION / INFORMACIÓN MEDICA - SPECIAL NEEDS / HEALTH ISSUES? If YES, explain (alergias o problemas de salud)

MOTHER / MADRE / GUARDIAN

FIRST NAME / NOMBRE		LAST NAME / APELLIDO		CONTACT PHONE / NUMERO DE CONTACTO:	
<input type="checkbox"/> PRIMARY CONTACT / CONTACTO PRIMARIO	<input type="checkbox"/> EMERGENCY CONTACT / CONTACTO DE EMERGENCIA	<input type="checkbox"/> HOME / HOGAR	<input type="checkbox"/> WORK / TRABAJO	<input type="checkbox"/> CELL / CELULAR	
HOME ADDRESS IF DIFFERENT / DOMICILIO SI ES DIFERENTE		HOME CITY / CIUDAD	HOME STATE / ESTADO	HOME ZIP / CODIGO	
EMPLOYER / EMPLEADOR:			OCCUPATION / OCUPACIÓN:		

FATHER / PADRE / GUARDIAN

FIRST NAME / NOMBRE		LAST NAME / APELLIDO		CONTACT PHONE / NUMERO DE CONTACTO:	
<input type="checkbox"/> PRIMARY CONTACT / CONTACTO PRIMARIO	<input type="checkbox"/> EMERGENCY CONTACT / CONTACTO DE EMERGENCIA	<input type="checkbox"/> HOME / HOGAR	<input type="checkbox"/> WORK / TRABAJO	<input type="checkbox"/> CELL / CELULAR	
HOME ADDRESS IF DIFFERENT / DOMICILIO SI ES DIFERENTE		HOME CITY / CIUDAD	HOME STATE / ESTADO	HOME ZIP / CODIGO	
EMPLOYER / EMPLEADOR:			OCCUPATION / OCUPACIÓN:		

HOUSEHOLD INFORMATION: MEMBER LIVES WITH / MIEMBRO VIVEN CON:

<input type="checkbox"/> MOM / MADRE	<input type="checkbox"/> DAD / PADRE	<input type="checkbox"/> GRANDPARENT / ABUELOS	<input type="checkbox"/> OTHER	PLEASE INDICATE:
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ANNUAL HOUSEHOLD INCOME / INGRESO ANUAL DEL HOGAR (CHECK ONE/MARQUE UNO)

<input type="checkbox"/> 0-\$5,000	<input type="checkbox"/> \$5,001-10,000	<input type="checkbox"/> \$10,001-15,000	<input type="checkbox"/> \$15,001-25,000	<input type="checkbox"/> \$25,001-30,000	<input type="checkbox"/> \$30,001-50,000	<input type="checkbox"/> \$50,001-UP	# IN HOUSEHOLD: PERSONAS EN FAMILIA
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MILITARY HEAD OF HOUSEHOLD? MALE FEMALE BOTH MILITARY BRANCH ARMY/EJERCITO NAVY/MARINA

<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> MARINES/MARINO	<input type="checkbox"/> COAST GUARD	<input type="checkbox"/> NATIONAL GUARD	<input type="checkbox"/> DEPT. OF DEFENSE	<input type="checkbox"/> RESERVIST
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SECTION 8 HOUSING YES NO TRIBAL AFFILIATION YES NO TRIBAL NAME:

TANF <input type="checkbox"/> YES <input type="checkbox"/> NO	FREE / REDUCED SCHOOL LUNCH / ALMUERZO GRATIS/ REDUCIDO <input type="checkbox"/> YES <input type="checkbox"/> NO
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PARENT PERMISSION:

By signing this membership application, I hereby give permission for my son/daughter:

- ◆ To become a member of the Boys & Girls Clubs of Tucson
- ◆ To participate in its programs, including internet access; and
- ◆ To complete any and all evaluation forms to improve its programs.

Authorization For Emergency Treatment: I hereby give permission to the medical personnel selected by the Boys & Girls Clubs to order x-rays, routine tests, and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Boys & Girls Clubs to hospitalize, secure proper treatment for, and to order injection and/or surgery for my child as named above.

Authorization For Application Review: By my signature below, I hereby give permission for funding sources to review this membership application.

Authorization For Media Release: I hereby authorize the Boys & Girls Clubs to use my child's name and picture for Boys & Girls Clubs promotional material in print and on the Internet.

Open Door Policy:

- ◆ *I understand that the Boys & Girls Clubs and its personnel are not responsible for personal injury or loss of property.*
- ◆ *I understand the "open door policy" which means my child is free to exit the building. The staff does not monitor the door.*
- ◆ *I understand supervision is not provided before or after club hours.*

Date _____ Signed _____
(Parent or Guardian)

MEMBER COMMITMENT:

As a Boys & Girls Clubs member, I promise to practice the **CHARACTER COUNTS** values:

- ◆ RESPECT
- ◆ RESPONSIBILITY
- ◆ HONESTY
- ◆ CARING

Additionally, I agree to the following clubhouse rules:

- ◆ I PROMISE TO TAKE CARE OF MY CLUB PROPERTY.
- ◆ I PROMISE NOT TO SMOKE IN THE BUILDING OR ON THE GROUNDS.
- ◆ I PROMISE TO USE PROPER LANGUAGE AND SHOW RESPECT FOR MYSELF, STAFF AND OTHER MEMBERS.
- ◆ I PROMISE NOT TO "HANG " IN FRONT OF OR OUTSIDE OF THE CLUBHOUSE.
- ◆ I PROMISE TO SHOW MY CARD EACH AND EVERY TIME I ENTER.
- ◆ I PROMISE TO REPLACE OR COVER ANY CLOTHING CONSIDERED BY STAFF TO BE OFFENSIVE OR DISPLAYING WORDS, SYMBOLS OR LOGOS THAT PROMOTE GANGS, DRUGS, ALCOHOL, VIOLENCE, OR RACISM OR I MAY CHOOSE TO LEAVE THE CLUB

If at any time I am asked to return my card, I understand no dues will be refunded to me.

Member's Signature _____ Date _____

Front Desk Clerk use only:

Date Received _____ Entered in VISION DB _____ \$5.00 Membership Fee Paid Signature _____
Front Desk Clerk

Public Housing / Section 8 Housing / Ross Grant

Clubhouse Director use only:

Discount "Member Special" Reason _____ Signature _____
 Full Scholarship Clubhouse Director

THIS FORM MAY BE PHOTOCOPIED FOR OUT OF CLUB USE.