



MEMBERSHIP APPLICATION

APLICACIÓN PARA AFILIACIÓN

DID YOU ASK ABOUT:

- Military Head of Household
- Tribal Affiliation
- Assistance Programs
- Section 8 Housing

FOR FRONT DESK USE ONLY:

- RENEW
- NEW
- INITIAL JOIN DATE: _____
- ID# _____

- FEM HT JVC PY RD SD

Note: ALL FIELDS MUST BE COMPLETED FOR APPLICATION TO BE PROCESSED.

MEMBER INFORMATION / INFORMACIÓN DE MIEMBRO

FIRST NAME/NOMBRE:	LAST NAME/APELLIDO:	BIRTH DATE / DIA DE NACIMIENTO: MONTH / MES DAY / DIA YEAR / AÑO	AGE
(BIRTH CERTIFICATE MAY BE REQUIRED FOR UNDER 10 YEARS OF AGE) (EL CERTIFICADO DE NACIMIENTO SE PUEDE REQUERIR PARA BAJO 10 AÑOS DE EDAD)			

<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
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SCHOOL / ESCUELA	GRADE GRADO	MEMBER LIVES WITH / MIEMBRO VIVEN CON:		
		<input type="checkbox"/> BOTH PARENTS AMBOS PADRES	<input type="checkbox"/> EXTENDED FAMILY FAMILIA EXTENDIDA	<input type="checkbox"/> FATHER ONLY PADRE SOLAMENTE
		<input type="checkbox"/> GROUP HOME CASA DE JOVENES	<input type="checkbox"/> MOTHER ONLY MADRE SOLAMENTE	<input type="checkbox"/> OTHER OTRO

ASSISTANCE PROGRAMS / PROGRAMAS DE ASISTENCIA

TANF YES NO

FREE / REDUCED SCHOOL LUNCH
ALMUERZO GRATIS/ REDUCIDO YES NO

MEMBER CONTACT INFORMATION / INFORMACIÓN DE CONTACTO

HOME ADDRESS / DOMICILIO

TRIBAL AFFILIATION <input type="checkbox"/> YES <input type="checkbox"/> NO	CITY / CIUDAD	STATE / ESTADO	ZIP / CODIGO
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TRIBAL NAME:	HOME PHONE / NUMERO DE TELEFONO	EMAIL ADDRESS / DIRECCIÓN ELECTRONICA
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SECTION 8 HOUSING

YES NO

MEDICAL INFORMATION / INFORMACIÓN MEDICA (ANY ALLERGIES OR PROBLEMS WE SHOULD BE AWARE OF?/ALERGIAS O PROBLEMAS DE SALUD)

EMERGENCY CONTACT INFORMATION / INFORMACIÓN EN CASO DE EMERGENCIA

FIRST NAME / NOMBRE	LAST NAME / APELLIDO	CONTACT PHONE / NUMERO DE CONTACTO:
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RELATIONSHIP / RELACIÓN:	<input type="checkbox"/> PARENT PADRES	<input type="checkbox"/> RELATIVE PARIENTE	<input type="checkbox"/> FRIEND AMIGO/A	<input type="checkbox"/> PRIMARY EMERGENCY CONTACT CONTACTO PRIMARIO DE EMERGENCIA	<input type="checkbox"/> LIVES WITH MEMBER/ VIVE CON MIEMBRO	<input type="checkbox"/> HOME HOGAR	<input type="checkbox"/> WORK TRABAJO	<input type="checkbox"/> CELL CELULAR
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FIRST NAME / NOMBRE	LAST NAME / APELLIDO	CONTACT PHONE / NUMERO DE CONTACTO:
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RELATIONSHIP / RELACIÓN:	<input type="checkbox"/> PARENT PADRES	<input type="checkbox"/> RELATIVE PARIENTE	<input type="checkbox"/> FRIEND AMIGO/A	<input type="checkbox"/> PRIMARY EMERGENCY CONTACT CONTACTO PRIMARIO DE EMERGENCIA	<input type="checkbox"/> LIVES WITH MEMBER/ VIVE CON MIEMBRO	<input type="checkbox"/> HOME HOGAR	<input type="checkbox"/> WORK TRABAJO	<input type="checkbox"/> CELL CELULAR
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MILITARY HEAD OF HOUSEHOLD?	<input type="checkbox"/> AIR FORCE/FUERZA AEREA	<input type="checkbox"/> ARMY/EJERCITO	<input type="checkbox"/> COAST GUARD	<input type="checkbox"/> MARINES/MARINO	<input type="checkbox"/> NAVY/MARINA
<input type="checkbox"/> MOTHER	<input type="checkbox"/> FATHER	ACTIVE STATUS:	<input type="checkbox"/> ACTIVE DUTY	<input type="checkbox"/> NATIONAL GUARD	<input type="checkbox"/> RESERVE

MOTHER / MADRE / GUARDIAN

FIRST NAME / NOMBRE	LAST NAME / APELLIDO	<input type="checkbox"/> MOTHER MADRE	<input type="checkbox"/> GUARDIAN / OTRO
HOME ADDRESS IF DIFFERENT / DOMICILIO SI ES DIFERENTE		HOME CITY / CIUDAD	HOME STATE / ESTADO
CONTACT PHONE # / NUMERO DE CONTACTO		ALT. PHONE # / NUMERO DE CONTACTO	EMAIL ADDRESS / DIRECCION ELECTRONICA
<input type="checkbox"/> HOME/HOGAR	<input type="checkbox"/> WORK/TRABAJO	<input type="checkbox"/> CELL/CELULAR	<input type="checkbox"/> HOME/HOGAR
<input type="checkbox"/> HOME/HOGAR	<input type="checkbox"/> WORK/TRABAJO	<input type="checkbox"/> CELL/CELULAR	<input type="checkbox"/> HOME/HOGAR
EMPLOYER / EMPLEADOR:		OCCUPATION / OCUPACION	

FATHER / PADRE / GUARDIAN

FIRST NAME / NOMBRE	LAST NAME / APELLIDO	<input type="checkbox"/> FATHER PADRE	<input type="checkbox"/> GUARDIAN / OTRO
HOME ADDRESS IF DIFFERENT / DOMICILIO SI ES DIFERENTE		HOME CITY / CIUDAD	HOME STATE / ESTADO
CONTACT PHONE # / NUMERO DE CONTACTO		ALT. PHONE # / NUMERO DE CONTACTO	EMAIL ADDRESS / DIRECCION ELECTRONICA
<input type="checkbox"/> HOME/HOGAR	<input type="checkbox"/> WORK/TRABAJO	<input type="checkbox"/> CELL/CELULAR	<input type="checkbox"/> HOME/HOGAR
<input type="checkbox"/> HOME/HOGAR	<input type="checkbox"/> WORK/TRABAJO	<input type="checkbox"/> CELL/CELULAR	<input type="checkbox"/> HOME/HOGAR
EMPLOYER / EMPLEADOR:		OCCUPATION / OCUPACION:	

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	
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FAMILY SIZE:
PERSONAS EN FAMILIA

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 KidTrax _____ \$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 _____

Clubhouse Director

THIS FORM MAY BE PHOTOCOPIED FOR OUT OF CLUB USE.