

# MEMBERSHIP INFORMATION FORM

Boys & Girls Clubs of Union  
County  
513-515 Richmond St.  
Elizabeth, NJ 07202  
908-351-3344 - Front Desk

Memberships are valid 1 year from date joined. Please fill out all information!

Dues: \$25.00 per year

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:

(City)

(State)

(Zip)

Home Phone Number:

Birth Date:

Gender: ☐ Male

☐ Female

Can Child Swim: ☐ Y ☐ N

School:

City:

Grade:

Special Class:

### Ethnicity:

☐ African American

☐ American Indian

☐ Asian

☐ Caucasian

☐ Hispanic

☐ Middle Eastern or  
North African

☐ Multi-Racial

☐ Other

## Medical Information:

Name of Doctor

Phone Number:

## Allergies and/or Medications:

### INCOME LEVEL

Family Size: \_\_\_\_\_

Family Income: Check One

☐ Under 25,700

☐ Under 29,400

☐ Under 33,050

☐ Under 36,700

☐ Under 39,650

☐ Under 42,600

☐ Under 42,850

☐ Under 45,550

☐ Under 48,450

☐ Under 49,000

☐ Under 55,100

☐ Under 61,200

☐ Under 63,000

☐ Under 66,100

☐ Under 71,000

☐ Under 72,000

☐ Under 75,900

☐ Under 80,800

☐ Under 81,000

☐ Under 90,000

☐ Under 97,200

☐ Under 100,400

☐ Under 111,600

☐ Over 118,800

## Head of Household (Please Print)

First Name:

Last Name:

Gender:

☐ Male

☐ Female

Address:

(Line 1)

(Line 2)

(City)

(State)

(Zip)

Phone Number:

ext.

ext.

Phone Type:

☐ Home

☐ Work

☐ Cell

☐ Home

☐ Work

☐ Cell

E-Mail Address:

E-Mail Type: ☐ Home ☐ Work

Employer:

Job Title:

Occupation:

## Family Setting:

☐ Divorced

☐ Single Parent

☐ Single

☐ Separated

☐ Married

☐ Other

**Other Parent / Guardian (Please Print)****First Name:****Last Name:****Gender:**☐ Male ☐ Female**Address:**

(Line 1)

(Line 2)

(City)

(State)

(Zip)

**Phone Number:****Phone Type:**

Ext.

☐ Home☐ Work☐ Cell

Ext.

☐ Home☐ Work☐ Cell**E-Mail Address:****E-Mail Type:** ☐ Home ☐ Work**Employer:****Job Title:****Occupation:****Pick Up Information: (Please Print)****Two people authorized to pick up member - NOT A PARENT/GUARDIAN****1.) First & Last Name:****Relationship:****2.) First & Last Name:****Relationship:****Phone Number:****Phone Number:**

For the Boys & Girls Club of Union County to maintain programs at the lowest cost to parents we apply for federal funding when available. To receive this funding, we must supply them with information including income levels of our membership. We ask for your voluntary cooperation by completing the form below so we can continue to provide our services to the youth at an affordable cost to the families.

**Check all that Apply**☐ TANF☐ Veterans Compensation☐ Food Stamps☐ Day Care Voucher☐ General Assistance☐ School Lunch☐ SSDI☐ Medicaid☐☐

SSI

4C's

**Have you ever been involved in the Boys & Girls Club of Union County?** ☐ YES ☐ NO**Would you like to be on our Alumni Mailing list?** ☐ YES ☐ NO

I, \_\_\_\_\_ do hereby give my son/daughter \_\_\_\_\_ permission to attend and/or participate in activities, including bus trips to the park and walking trips within the neighborhood, sponsored by the Boys & Girls Club of Union County, it's employees, associates and contributors, in further consideration of the benefits to be gained by our child we covenant that we will never institute any action by law against the Boys & Girls Club of Union County, Inc., its agents, servants and employees, on account of any injury or other loss or damage sustained by our child's participation. Furthermore, I hereby do authorize medical examination and treatment of my son/daughter by a qualified licensed physician in any event of an accident and all efforts to contact the parent/guardian have been exhausted. In addition, I hereby consent to use, by you or anyone authorized by you, my child's photograph or any reproductions of them, for editorial illustration, advertising or non-profit promotional purposes. I also consent to the use of my name in connection therewith.

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

No Digital Signatures, you must print this Completed document and Physically sign & date it before submitting it.

**FOR OFFICE USE ONLY****MEMBERSHIP**☐**NEW**☐**CURRENT**☐**LAPSED****OFFICE****CLUB NUMBER:** \_\_\_\_\_**DATE ENTERED:** \_\_\_\_\_**ENTERED BY:** \_\_\_\_\_**DATE:** \_\_\_\_\_**RECEIPT #:** \_\_\_\_\_**AMOUNT:** \_\_\_\_\_**INITIALS:** \_\_\_\_\_