

MEMBERSHIP INFORMATION FORM

Boys & Girls Clubs of Union
County
165 East Front Street
Plainfield, NJ 07060
908-822-8672 - Front Desk

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

Dues: \$60 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

- | | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Under 25,700 | <input type="checkbox"/> Under 39,650 | <input type="checkbox"/> Under 48,450 | <input type="checkbox"/> Under 63,000 | <input type="checkbox"/> Under 75,900 | <input type="checkbox"/> Under 97,200 |
| <input type="checkbox"/> Under 29,400 | <input type="checkbox"/> Under 42,600 | <input type="checkbox"/> Under 49,000 | <input type="checkbox"/> Under 66,100 | <input type="checkbox"/> Under 80,800 | <input type="checkbox"/> Under 100,400 |
| <input type="checkbox"/> Under 33,050 | <input type="checkbox"/> Under 42,850 | <input type="checkbox"/> Under 55,100 | <input type="checkbox"/> Under 71,000 | <input type="checkbox"/> Under 81,000 | <input type="checkbox"/> Under 111,600 |
| <input type="checkbox"/> Under 36,700 | <input type="checkbox"/> Under 45,550 | <input type="checkbox"/> Under 61,200 | <input type="checkbox"/> Under 72,000 | <input type="checkbox"/> Under 90,000 | <input type="checkbox"/> 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:

- | | | |
|------------------------------------|--|---------------------------------|
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Single Parent | <input type="checkbox"/> Single |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Married | <input type="checkbox"/> 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, its 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:** _____