



2009-2010 MEMBERSHIP APPLICATION

Please Select Unit Shelton Ansonia Milford

Member's Information

First Name _____ Middle _____ Last _____
Address _____
City _____ State _____ ZIP _____
Phones _____
Date of Birth _____ Age _____ Gender Female Male
Family e-mail _____

Member's School Information

Current Teacher _____
School _____ Grade _____
Lunch Information Free Reduced Do Not Qualify

Member's Contact Information

Father's Name	_____	Mother's Name	_____
Father's Employer	_____	Mother's Employer	_____
Father's Work Number	_____	Mother's Work Number	_____
Father's Cell Number	_____	Mother's Cell Number	_____

Member's Emergency Contact: EMERGENCY CONTACT CANNOT BE PARENT OR GUARDIAN

Name	_____	Relationship to Member	_____
Phone	Home _____	Work _____	Cell _____

Member's Medical Information

Doctor's Name _____ Doctor's Phone _____
Serious Health Problems? No Yes If when, please explain _____

Member's General Information

Member has permission to be used in public relations materials (newspaper photos, etc.) Yes No
Member lives with: Mom Step Mom Dad Step Dad Grandparent Other _____
Number of Brothers _____ Ages _____ Number of Sisters _____ Ages _____
Number in Household _____ Single Parent Yes No



NOTE: This information is collected for Grant Writing Purposes ONLY

Member's Ethnicity

Gender: Male Female Ethnicity _____

Member's Household Information

Annual Income Level	\$0 - \$5,000 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
	\$5,001 - \$10,000 _____	\$35,001 - \$40,000 _____	\$65,001 - \$70,000 _____
	\$10,001 - \$15,000 _____	\$40,001 - \$45,000 _____	\$70,001 - \$75,000 _____
	\$15,001 - \$20,000 _____	\$45,001 - \$50,000 _____	\$75,001 - \$80,000 _____
	\$20,001 - \$25,000 _____	\$50,001 - \$55,000 _____	\$80,001 - \$85,000 _____
	\$25,001 - \$30,000 _____	\$55,001 - \$60,000 _____	\$85,001 - \$90,000+ _____

Member's Physical Appearance

Eye Color _____ Hair Color _____ Skin Color/Features _____
Height _____ Weight _____

Activities Interested In (Check Parent Handbook for times and availability of activities)

- | | | |
|--|--|--|
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Basketball | <input type="checkbox"/> Chess |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Cooking | <input type="checkbox"/> Flag Football |
| <input type="checkbox"/> Gamesroom | <input type="checkbox"/> Homework Club | <input type="checkbox"/> Indoor Soccer |
| <input type="checkbox"/> Karate | <input type="checkbox"/> Keystone Club | <input type="checkbox"/> Music Program |
| <input type="checkbox"/> Prevention Programs | <input type="checkbox"/> Science Program | <input type="checkbox"/> Table Tennis |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Torch Club | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Weightlifting | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Other |

Disclaimer

I have read the completed application and Parent Handbook, understand the rules, and request that my son/daughter be admitted into membership and has permission to participate in all Club activities. I have explained the rules to my son/daughter and acknowledge that failure to follow said rules may result in suspension or expulsion.

Parent's Signature _____ Child's Signature _____

MEMBERSHIP DESK USE ONLY

Membership Number _____ Entry Date _____ Expiration Date _____
Staff Signature _____

OFFICE USE ONLY

Payment Method Amount Pd \$ _____ Check # _____ Cash Debit/Credit
Payment Entered By _____ Entry Date _____
Debit/Credit Card payments must be made with the Debit/Credit Card Authorization Form