



BOYS & GIRLS CLUB
OF THE BEMIDJI AREA

P.O. Box 191
Bemidji, MN 56619

The Positive Place For Kids

MEMBERSHIP INFORMATION FORM 2008

Do **NOT** Complete – For Staff Use Only:

Previous Member? ___ Yes ___ No

Membership Fee (\$10) Paid? ___ Yes ___ No

Orientation Date: ___/___/___

Circle One: Cash or Check#_____

NEW MEMBERS: All new members must attend an orientation with a parent or guardian prior to becoming a member of the Boys & Girls Club of the Bemidji Area. Please bring this completed membership application and \$10 fee to the orientation. Orientations are held every Monday at 5:00 p.m.

CONFIDENTIALITY: Any confidential information requested is for our records and for the funding our organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary.

MEMBERSHIP FEE: \$10 per child, per calendar year or a max of \$30 per immediate family. Membership fees are non-refundable.

HOW DID YOU HEAR ABOUT US?

Evergreen Family Friend Club Member School _____ Media (newspaper, radio) _____

MEMBER/CHILD'S INFORMATION (please print)

Name _____
FIRST MIDDLE LAST

Nick Name _____ **Date of Birth** ____/____/____ **Gender** Male Female

Street Address _____

City _____ **State** _____ **Zip** _____

Phone _____ Home Work Other _____

Ethnicity Asian Black Multi-racial Native American White Other

School _____ **Grade** _____

Check all that apply:

- TANF
- Food Stamps
- General Assistance
- SSDI
- SSI
- Veterans Compensation
- Day Care Voucher
- School Lunch Program
- Medicaid

Household Type:

- Extended Family
- Family
- Group Home
- Non-family

Family Size:

Family Income:

- \$0-\$5,000
- \$5,001-\$12,000
- \$12,000-\$22,000
- \$22,001-\$32,000
- \$32,001-\$40,000
- \$40,000+
- Not Reported

Family Setting:

- Foster parent(s)
- Relative (specify) _____
- Single parent
- Two parent
- Other (specify) _____

FIRST PARENT/GUARDIAN INFORMATION (please print)

Name		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
	FIRST LAST				
Street Address			<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Other _____
City		State		Zip	
Home Phone		Work Phone		Cell Phone	
Employer					

SECOND PARENT/GUARDIAN INFORMATION (please print) *If a single parent home, please write "same as above".*

Name		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
	FIRST LAST				
Street Address			<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Other _____
City		State		Zip	
Home Phone		Work Phone		Cell Phone	
Employer					

MEDICAL INFORMATION ON CHILD (please print)

Insurance Company		Policy Number	
Physician		Phone	Hospital
Medical Problem/Allergies:	Medications:	Disabilities:	
_____	_____	_____	
_____	_____	_____	

The Boys & Girls Club of the Bemidji Area also uses the following fields to learn more about your child. Please check one item from each group below, as applicable.

ADHD/ADD: <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe	EBD: <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe	AUTISTIC: <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe
--	---	--

ADDITIONAL CONTACTS

Name		Phone	
Name		Phone	

I have read the completed application, understand the rules of the Boys & Girls Club of the Bemidji Area and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the Boys & Girls Club of the Bemidji Area will not be responsible for any accident that may occur to them while they are on the Boys & Girls Club of the Bemidji Area premises or while engaged in any of its activities away from the Boys & Girls Club of the Bemidji Area. I give my consent for photographs and videos in which my son/daughter may appear, to be used in any way the Boys & Girls Club of the Bemidji Area may care to use them.

 Parent or Legal Guardian Signature

 Date