



BOYS & GIRLS CLUBS

Boys & Girls Clubs of the Northtowns  
Gilmore School Unit  
789 Gilmore Avenue  
North Tonawanda, NY 14120  
716.693.2287

**Membership Application**

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_ Child's SS Number: \_\_\_\_\_

**School Information**

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Does your child receive: Free or Reduced Lunch (please check one if applicable) Yes No

**Parent/Guardian**

**Emergency Contact**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Medical Information**

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Serious health problems: \_\_\_\_\_

Medications: Yes No If yes please list: \_\_\_\_\_

**Shot records are needed for summer camp applications.**

**General** ( please check answers)

I give permission for my child to be included in public relations material: Yes No

My child may participate in Boys & Girls Club activities adjacent to the Club building: Yes No

My child will attend the Club: Yearly Only during the school year Only summer and Holidays

Club member since: \_\_\_\_\_

**Household – Annual Gross Income**

To be used for grant writing purposes only and will be kept confidential

\$0-5,000 _____	\$30,001-35,000 _____
\$5,001-10,000 _____	\$35,001-45,000 _____
\$10,001-15,000 _____	\$45,001-55,000 _____
\$15,001-20,000 _____	\$55,001-65,000 _____
\$20,001-25,000 _____	\$65,001-75,000 _____
\$25,001-30,000 _____	\$75,000-85,000+ _____

Lives in your household: (please check all that apply)

Mom Dad Step Mom Step Dad Grandparent Others \_\_\_\_\_

<b>Brothers: (living at home)</b>	<b>Age</b>	<b>Sisters: (living at home)</b>	<b>Age</b>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I would like to become a member of the Boys & Girls Clubs of the Northtowns. I will obey all rules and take care of Club property and equipment. I will do my best to cooperate with all members and staff to help make the Club one in which to be proud of. If at any time I am suspended from the Boys & Girls Club for disciplinary reasons I understand that no fees will be returned to me.

\_\_\_\_\_  
Members Signature Date

I hereby give permission to my child to become a member of the Club. I understand that the Club will not release my child to anyone not listed as an emergency contact. The Club is not responsible for personal injury or loss of property.

\_\_\_\_\_  
Parent Signature Date

For Office Use Only	Membership Number _____	Status: _____
	Entry Date: _____	Expiration Date: _____
	Type: _____	Processed by: _____