



BOYS & GIRLS CLUBS
OF THE PENINSULA

Membership Fee

Youth 6-12: \$25.00
Teens: \$10.00

MEMBERSHIP APPLICATION
2010-2011 Academic Year

Contact Information (Please print)

Member's First Name: <input type="text"/>	Member's Middle Name: <input type="text"/>	Member's Last Name: <input type="text"/>
Name of Person Member Lives With: <input type="text"/>	Home Phone Number: <input type="text"/>	Emergency Contact Name: <input type="text"/>
Home Address: <input type="text"/>		Emergency Contact Phone: <input type="text"/>
City: <input type="text"/>	State: <input type="text"/>	Postal Code: <input type="text"/>
		Email Address: <input type="text"/>

Demographic

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Birthdate: <input type="text"/>	Age: <input type="text"/>	Ethnicity (Please Check appropriate box): <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____
School Name: <input type="text"/>	Grade: <input type="text"/>		
Family Totals- Sisters: <input type="text"/>		Brothers: <input type="text"/>	Household: <input type="text"/>
Lives With (Please check): <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian			
Member before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Years: <input type="text"/>		

Parent/Guardian

Father's First Name: <input type="text"/>	Father's Last Name: <input type="text"/>	Father's Work Phone & Ext: <input type="text"/>
Father's Employer: <input type="text"/>	Father's Occupation: <input type="text"/>	Email Address: <input type="text"/>
Mother's First Name: <input type="text"/>	Mother's Last Name: <input type="text"/>	Mother's Work Phone & Ext: <input type="text"/>
Mother's Employer: <input type="text"/>	Mother's Occupation: <input type="text"/>	Email Address: <input type="text"/>
Guardian's First Name: <input type="text"/>	Guardian's Last Name: <input type="text"/>	Guardian's Work Phone & Ext: <input type="text"/>
Guardian's Employer: <input type="text"/>	Guardian's Occupation: <input type="text"/>	Relation to Child: <input type="text"/>