



# MEMBERSHIP APPLICATION

## APLICACIÓN PARA AFILIACIÓN

### DID YOU ASK ABOUT:

- Military Head of Household
- Tribal Affiliation
- Assistance Programs
- Section 8 Housing

### FOR FRONT DESK USE ONLY:

- RENEW
- NEW
- INITIAL JOIN DATE: \_\_\_\_\_
- ID# \_\_\_\_\_

- FEM  HT  JVC  PY  RD  SD

\*\*\*Note: ALL FIELDS MUST BE COMPLETED FOR APPLICATION TO BE PROCESSED.\*\*\*

### MEMBER INFORMATION / INFORMACIÓN DE MIEMBRO

FIRST NAME/NOMBRE:	LAST NAME/APELLIDO:	BIRTH DATE / DIA DE NACIMIENTO: MONTH / MES      DAY / DIA      YEAR / AÑO	AGE
(BIRTH CERTIFICATE MAY BE REQUIRED FOR UNDER 10 YEARS OF AGE) (EL CERTIFICADO DE NACIMIENTO SE PUEDE REQUERIR PARA BAJO 10 AÑOS DE EDAD)			

<input type="checkbox"/> BOY HOMBRE	<input type="checkbox"/> GIRL MUJER	ETHNICITY / ORIGEN ETNICO	<input type="checkbox"/> ASIAN ASIANO	<input type="checkbox"/> CAUCASIAN ANGLO	<input type="checkbox"/> HISPANIC HISPANO	<input type="checkbox"/> MULTI-RACIAL	<input type="checkbox"/> NATIVE AMERICAN NATIVO AMERICANO
		<input type="checkbox"/> AFRICAN AMERICAN AFRICANO AMERICANO					

SCHOOL / ESCUELA	GRADE GRADO	MEMBER LIVES WITH / MIEMBRO VIVEN CON:
		<input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> EXTENDED FAMILY <input type="checkbox"/> FATHER ONLY <input type="checkbox"/> GROUP HOME <input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> OTHER AMBOS PADRES      FAMILIA EXTENDIDA      PADRE SOLAMENTE      CASA DE JOVENES      MADRE SOLAMENTE      OTRO

### ASSISTANCE PROGRAMS / PROGRAMAS DE ASISTENCIA

TANF  YES  NO

FREE / REDUCED SCHOOL LUNCH  
ALMUERZO GRATIS/ REDUCIDO  YES  NO

### MEMBER CONTACT INFORMATION / INFORMACIÓN DE CONTACTO

HOME ADDRESS / DOMICILIO

TRIBAL AFFILIATION <input type="checkbox"/> YES <input type="checkbox"/> NO	CITY / CIUDAD	STATE / ESTADO	ZIP / CODIGO
---	---------------	----------------	--------------

TRIBAL NAME:	HOME PHONE / NUMERO DE TELEFONO	EMAIL ADDRESS / DIRECCIÓN ELECTRONICA
--------------	---------------------------------	---------------------------------------

### SECTION 8 HOUSING

YES  NO

### MEDICAL INFORMATION / INFORMACIÓN MEDICA (ANY ALLERGIES OR PROBLEMS WE SHOULD BE AWARE OF?/ALERGIAS O PROBLEMAS DE SALUD)

### EMERGENCY CONTACT INFORMATION / INFORMACIÓN EN CASO DE EMERGENCIA

FIRST NAME / NOMBRE	LAST NAME / APELLIDO	CONTACT PHONE / NUMERO DE CONTACTO:
---------------------	----------------------	-------------------------------------

RELATIONSHIP / RELACIÓN:	<input type="checkbox"/> PRIMARY EMERGENCY CONTACT CONTACTO PRIMARIO DE EMERGENCIA	<input type="checkbox"/> LIVES WITH MEMBER/ VIVE CON MIEMBRO	<input type="checkbox"/> HOME HOGAR	<input type="checkbox"/> WORK TRABAJO	<input type="checkbox"/> CELL CELULAR
<input type="checkbox"/> PARENT PADRES <input type="checkbox"/> RELATIVE PARIENTE <input type="checkbox"/> FRIEND AMIGO/A					

FIRST NAME / NOMBRE	LAST NAME / APELLIDO	CONTACT PHONE / NUMERO DE CONTACTO:
---------------------	----------------------	-------------------------------------

RELATIONSHIP / RELACIÓN:	<input type="checkbox"/> PRIMARY EMERGENCY CONTACT CONTACTO PRIMARIO DE EMERGENCIA	<input type="checkbox"/> LIVES WITH MEMBER/ VIVE CON MIEMBRO	<input type="checkbox"/> HOME HOGAR	<input type="checkbox"/> WORK TRABAJO	<input type="checkbox"/> CELL CELULAR
<input type="checkbox"/> PARENT PADRES <input type="checkbox"/> RELATIVE PARIENTE <input type="checkbox"/> FRIEND AMIGO/A					

### MILITARY HEAD OF HOUSEHOLD?

AIR FORCE/FUERZA AEREA     ARMY/EJERCITO     COAST GUARD     MARINES/MARINO     NAVY/MARINA  
 MOTHER     FATHER    **ACTIVE STATUS:**     ACTIVE DUTY     NATIONAL GUARD     RESERVE

### MOTHER / MADRE / GUARDIAN

FIRST NAME / NOMBRE	LAST NAME / APELLIDO	<input type="checkbox"/> MOTHER MADRE	<input type="checkbox"/> GUARDIAN / OTRO
---------------------	----------------------	--	--

HOME ADDRESS IF DIFFERENT / DOMICILIO SI ES DIFERENTE	HOME CITY / CIUDAD	HOME STATE / ESTADO	HOME ZIP / CODIGO
---	--------------------	---------------------	-------------------

CONTACT PHONE # / NUMERO DE CONTACTO	ALT. PHONE # / NUMERO DE CONTACTO	EMAIL ADDRESS / DIRECCION ELECTRONICA
--------------------------------------	-----------------------------------	---------------------------------------

<input type="checkbox"/> HOME/HOGAR	<input type="checkbox"/> WORK/TRABAJO	<input type="checkbox"/> CELL/CELULAR	<input type="checkbox"/> HOME/HOGAR	<input type="checkbox"/> WORK/TRABAJO	<input type="checkbox"/> CELL/CELULAR	<input type="checkbox"/> HOME /HOGAR	<input type="checkbox"/> WORK/TRABAJO
-------------------------------------	---------------------------------------	---------------------------------------	-------------------------------------	---------------------------------------	---------------------------------------	--------------------------------------	---------------------------------------

EMPLOYER / EMPLEADOR	OCCUPATION / OCUPACION
----------------------	------------------------

### FATHER / PADRE / GUARDIAN

FIRST NAME / NOMBRE	LAST NAME / APELLIDO	<input type="checkbox"/> FATHER PADRE	<input type="checkbox"/> GUARDIAN / OTRO
---------------------	----------------------	--	--

HOME ADDRESS IF DIFFERENT / DOMICILIO SI ES DIFERENTE	HOME CITY / CIUDAD	HOME STATE / ESTADO	HOME ZIP / CODIGO
---	--------------------	---------------------	-------------------

CONTACT PHONE # / NUMERO DE CONTACTO	ALT. PHONE # / NUMERO DE CONTACTO	EMAIL ADDRESS / DIRECCION ELECTRONICA
--------------------------------------	-----------------------------------	---------------------------------------

<input type="checkbox"/> HOME/HOGAR	<input type="checkbox"/> WORK/TRABAJO	<input type="checkbox"/> CELL/CELULAR	<input type="checkbox"/> HOME/HOGAR	<input type="checkbox"/> WORK/TRABAJO	<input type="checkbox"/> CELL/CELULAR	<input type="checkbox"/> HOME/HOGAR	<input type="checkbox"/> WORK/TRABAJO
-------------------------------------	---------------------------------------	---------------------------------------	-------------------------------------	---------------------------------------	---------------------------------------	-------------------------------------	---------------------------------------

EMPLOYER / EMPLEADOR:	OCCUPATION / OCUPACION:
-----------------------	-------------------------

### ANNUAL HOUSEHOLD INCOME / INGRESO ANUAL DEL HOGAR (CHECK ONE/MARQUE UNO)

<input type="checkbox"/> 0-\$5,000	<input type="checkbox"/> \$5,001-10,000	<input type="checkbox"/> \$10,001-15,000	<input type="checkbox"/> \$15,001-25,000	<input type="checkbox"/> \$25,001-30,000	<input type="checkbox"/> \$30,001-50,000	<input type="checkbox"/> \$50,001-UP	
------------------------------------	---	--	--	--	--	--------------------------------------	--

FAMILY SIZE:  
PERSONAS EN FAMILIA

## PARENT PERMISSION:

By signing this membership application, I hereby give permission for my son/daughter:

- ◆ To become a member of the Boys & Girls Clubs of Tucson
- ◆ To participate in its programs, including internet access; and
- ◆ To complete any and all evaluation forms to improve its programs.

**Authorization For Emergency Treatment:** I hereby give permission to the medical personnel selected by the Boys & Girls Clubs to order x-rays, routine tests, and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Boys & Girls Clubs to hospitalize, secure proper treatment for, and to order injection and/or surgery for my child as named above.

**Authorization For Application Review:** By my signature below, I hereby give permission for funding sources to review this membership application.

**Authorization For Media Release:** I hereby authorize the Boys & Girls Clubs to use my child's name and picture for Boys & Girls Clubs promotional material in print and on the Internet.

### Open Door Policy:

- ◆ I understand that the Boys & Girls Clubs and its personnel are not responsible for personal injury or loss of property.
- ◆ I understand the "open door policy" which means my child is free to exit the building. The staff does not monitor the door.
- ◆ I understand supervision is not provided before or after club hours.

Date \_\_\_\_\_ Signed \_\_\_\_\_  
(Parent or Guardian)

## MEMBER COMMITMENT:

As a Boys & Girls Clubs member, I promise to practice the **CHARACTER COUNTS** values:

- ◆ RESPECT
- ◆ RESPONSIBILITY
- ◆ HONESTY
- ◆ CARING

### THE BOYS & GIRLS CLUB CODE

*I believe in GOD and the right to worship according to my own faith and religion.*

*I believe in AMERICA and the American way of life, in the CONSTITUTION and the Bill of Rights.*

*I believe in FAIR PLAY, HONESTY and SPORTSMANSHIP.*

*I believe in my CLUB, which stands for all these things.*

Additionally, I agree to the following clubhouse rules:

- ◆ I PROMISE TO TAKE CARE OF MY CLUB PROPERTY.
- ◆ I PROMISE NOT TO SMOKE IN THE BUILDING OR ON THE GROUNDS.
- ◆ I PROMISE TO USE PROPER LANGUAGE AND SHOW RESPECT FOR MYSELF, STAFF AND OTHER MEMBERS.
- ◆ I PROMISE NOT TO "HANG " IN FRONT OF OR OUTSIDE OF THE CLUBHOUSE.
- ◆ I PROMISE TO SHOW MY CARD EACH AND EVERY TIME I ENTER.
- ◆ I PROMISE TO REPLACE OR COVER ANY CLOTHING CONSIDERED BY STAFF TO BE OFFENSIVE OR DISPLAYING WORDS, SYMBOLS OR LOGOS THAT PROMOTE GANGS, DRUGS, ALCOHOL, VIOLENCE, OR RACISM OR I MAY CHOOSE TO LEAVE THE CLUB

If at any time I am asked to return my card, I understand no dues will be refunded to me.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Front Desk Clerk use only:

Date Received \_\_\_\_\_ Entered in KidTrax \_\_\_\_\_  \$5.00 Membership Fee Paid Signature \_\_\_\_\_  
Front Desk Clerk

Public Housing / Section 8 Housing / Ross Grant

### Clubhouse Director use only:

Discount "Member Special" Reason \_\_\_\_\_ Signature \_\_\_\_\_  
 Full Scholarship Clubhouse Director

THIS FORM MAY BE PHOTOCOPIED FOR OUT OF CLUB USE.