



Boys & Girls Club of Meriden Membership Form

Name _____ Age _____ Birthdate ____/____/____

Address _____ City/State/Zip _____

Phone # _____ Date Joined ____/____/____ Member last year? Yes No

School _____ Grade _____ Boy Girl

I am: Caucasian African American Asian Native American Hispanic Multi Racial

I live with: Mother & Father Father Mother Other _____

Father's Name _____ Cel Phone# _____

Employer _____ Work Phone# _____

Mother's Name _____ Cel Phone# _____

Employer _____ Work Phone# _____

E-mail _____

Allergies: _____

Medical Conditions: _____

Medication currently taking: _____

Emergency contact _____ at _____

or _____ (Name) _____ (Daytime phone #)
_____ Cel # _____
(Evening phone #)

Number of members in family: _____

Family income level: \$0 - \$15,000 \$15,000 - \$25,000 \$25,000 - \$35,000 \$35,000 - \$50,000

\$50,000 - \$65,000 \$65,000 - \$79,000 Over \$80,000

I give permission for the Club to use the above named child's photograph/first name on their website and in other publications. **NO OTHER** personal information, including a child's last name are published on the web.

My Mother & Father Father Mother are members of the military or National Guard.

I have read the member handbook and agree to all the requirements of membership in the Boys & Girls Club of Meriden.

Parent/Guardian Signature: _____ Date: _____

For Club Use Only Fee Pd _____