

Last Name _____

Adult Membership Application

First Name _____

Last Name: _____

First Name: _____

Address: _____

Town: _____ Zip: _____

Email: _____

Phone #: _____

Cell #: _____

Work #: _____

Date of Birth: ____/____/____ Age: _____

Male/Female: _____

Language: _____

Race/Ethnicity: _____

Medical History: All members are encouraged to complete this optional medical form. In the event of a medial emergency, the Boys & Girls Club will provide this information to emergency service personnel caring for you. The Boys & Girls Club does not assume the responsibility of verifying or updating the information provided, the member is urged to inform the Boys & Girls Club of any changes in the physical condition.

Please list any important medical Information:

Emergency Information

Emergency Contact _____

Relationship _____

Phone # _____

Cell Phone # _____

***** For Office Use Only *****

(1) (3) (6) (9) (12) <input type="checkbox"/> New <input type="checkbox"/> Renew	(1) (3) (6) (9) (12) <input type="checkbox"/> New <input type="checkbox"/> Renew	(1) (3) (6) (9) (12) <input type="checkbox"/> New <input type="checkbox"/> Renew
Date: _____	Date: _____	Date: _____
Amt. Paid: \$ _____	Amt. Paid: \$ _____	Amt. Paid: \$ _____
Staff: _____	Staff: _____	Staff: _____
Please Check: <input type="checkbox"/> Cash <input type="checkbox"/> CC <input type="checkbox"/> Check	Please Check: <input type="checkbox"/> Cash <input type="checkbox"/> CC <input type="checkbox"/> Check	Please Check: <input type="checkbox"/> Cash <input type="checkbox"/> CC <input type="checkbox"/> Check
Check # _____	Check # _____	Check # _____