



**BOYS & GIRLS CLUBS
OF ARLINGTON**

Membership Information Form

LOCATION OF MEMBERSHIP:

MAIN BRANCH

608 N. Elm St.
Arlington, TX 76011
817-701-1100

FOR OFFICE USE ONLY:

Member App New <input type="checkbox"/> Renewal <input type="checkbox"/> Former <input type="checkbox"/>	Fees & Dates Membership Year: <input type="checkbox"/> Paid \$ _____ Scholarship? Yes No Reason Amount \$ _____	Data entry: <input type="text"/> <input type="text"/>
Status Active <input type="checkbox"/> Inactive <input type="checkbox"/>	Kid Trax ID <input type="text"/>	Income Verification Income Form <input type="checkbox"/> Copy of W2 <input type="checkbox"/>

Confidentiality: Any confidential information requested is for our records and for the funding our organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. **Thank you.**

Parents / Guardian Information (Please Print)

Head of Household First Name <input type="text"/>	Last Name <input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Age <input type="text"/>
Relationship <input type="text"/>	Primary Phone Number () -	Type of Phone <input type="text"/>	
Other Phone Number () -	Type of Phone <input type="text"/>	Household Total: Total number of people living in household <input type="text"/>	Annual (Yearly) Household Income <input type="checkbox"/> Below \$13,850 <input type="checkbox"/> 13,851-15,850 <input type="checkbox"/> 15,851-17,800 <input type="checkbox"/> 17,451-19,400 <input type="checkbox"/> 19,800-21,400 <input type="checkbox"/> 21,401-22,950 <input type="checkbox"/> 22,951-24,550 <input type="checkbox"/> 24,551-26,150 <input type="checkbox"/> 26,150-29,700 <input type="checkbox"/> 29,701-33,000 <input type="checkbox"/> 33,001-35,650 <input type="checkbox"/> 35,651-36,950 <input type="checkbox"/> 36,951-40,900 <input type="checkbox"/> 40,901-42,250 <input type="checkbox"/> 42,251-47,500 <input type="checkbox"/> 47,500 and over
Home Address (Please use a local address) <input type="text"/>	Apartment # <input type="text"/>	Is This Your Primary Mailing Address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>	"I certify, to the best of my knowledge, my household income" Initial Here _____
Employer <input type="text"/>	Primary Email Address <input type="text"/>		
Other Parent/Guardian First Name <input type="text"/>	Last Name <input type="text"/>		
Relationship <input type="text"/>	Phone Number () -	Type of Phone <input type="text"/>	
Employer <input type="text"/>	Primary Email Address <input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

Member Information (Please Print)

First Name <input type="text"/>	Middle Name <input type="text"/>	Last Name <input type="text"/>		
Nick Name <input type="text"/>	Birth Date _ / _ / _	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Age <input type="text"/>	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
School: <input type="checkbox"/> Webb <input type="checkbox"/> Lamar <input type="checkbox"/> Wimbish <input type="checkbox"/> Shackelford <input type="checkbox"/> Speer <input type="checkbox"/> Nichols <input type="checkbox"/> Swift <input type="checkbox"/> Arlington <input type="checkbox"/> MetroCharter <input type="checkbox"/> Other(explain):	Grade <input type="text"/>	Mark when child will attend: <input type="checkbox"/> School Year Only <input type="checkbox"/> School and Summer (year-round) <input type="checkbox"/> Summer Only <input type="checkbox"/> Spring/winter Break/Holiday Only <i>Additional Program Times: (mark all that apply)</i> <input type="checkbox"/> Early Bird Program (holiday & summer) <input type="checkbox"/> Teen Late Night Program	Race: Single Race: <input type="checkbox"/> White <input type="checkbox"/> Black/ African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Pacific Islander/Hawaiian Native Multi Race: <input type="checkbox"/> Black/ African American & White <input type="checkbox"/> Asian & White <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Pacific Islander/Hawaiian Native & White	

----- Continued on other side ----- ➔

