



**BOYS & GIRLS CLUBS**  
OF ANNAPOLIS & ANNE ARUNDEL COUNTY

Today's Date: \_\_\_\_\_

**Membership Application for 2010-2011 School Year**  
**Membership Fee: \$20.00**

(Membership runs from September 2010 - June 2011)

Admiral Oaks     Bates     Bywater     Freetown     Meade Village

Child's Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Sex:    ( ) Male ( ) Female    Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Community (For Data Purposes Only) \_\_\_\_\_

Email Address \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Ethnic Origin                     African American  Caucasian     Hispanic     Latino  
(for data purposes only)     Asian                     Multi-Racial  Other

Primary Language Spoken in Home  English  Spanish     Other \_\_\_\_\_

Child Lives With:                     Both Parents     Mother     Father     Other  
(For Data Purposes Only)

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**Other Emergency Contacts:**

1. Emergency Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Emergency Name \_\_\_\_\_ Phone \_\_\_\_\_

My child will be:     Walker     Car Rider (Will Wait in Club Until Picked Up By Authorized Person)

**Persons authorized to pick up my child:**

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

Is there anyone who is not legally authorized to pick up your child?  Yes     No

If yes, please state Name \_\_\_\_\_ Relationship \_\_\_\_\_

(YOU MUST PROVIDE US WITH COURT-ORDERED PAPERS)

Please describe any medical problems, allergies, conditions, or special concerns regarding your child:

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**\*\*Please Note\*\* - We do not report any of the following information to any agency or organization. We use the information for collecting data about the population we serve so that we can continue to receive funding.**

Do you receive any form of public assistance? [ ] Yes [ ] No What type? \_\_\_\_\_

Is your child a participant in the free or reduced lunch program? [ ] Yes [ ] No

Does this child have a currently incarcerated parent? [ ] Yes [ ] No

Are you currently a military household? [ ] Yes [ ] No

Please check the appropriate boxes:

Step #1: Circle the number of people that live in your household:



**Step #2**

Step #1 Next,

Check the box along the same line you circled to indicate your annual household income:

1		<input type="checkbox"/> \$15,300 or less	<input type="checkbox"/> \$15,301 - \$25,500	<input type="checkbox"/> \$25,501 - \$40,800	<input type="checkbox"/> \$40,801 or more
2		<input type="checkbox"/> \$17,500 or less	<input type="checkbox"/> \$17,501 - \$29,100	<input type="checkbox"/> \$29,101 - \$46,600	<input type="checkbox"/> \$46,601 or more
3		<input type="checkbox"/> \$19,650 or less	<input type="checkbox"/> \$19,651 - \$32,750	<input type="checkbox"/> \$32,751 - \$52,450	<input type="checkbox"/> \$52,451 or more
4		<input type="checkbox"/> \$21,850 or less	<input type="checkbox"/> \$21,851 - \$36,400	<input type="checkbox"/> \$36,401 - \$58,250	<input type="checkbox"/> \$58,251 or more
5		<input type="checkbox"/> \$23,600 or less	<input type="checkbox"/> \$23,601 - \$39,300	<input type="checkbox"/> \$39,301 - \$62,900	<input type="checkbox"/> \$62,901 or more
6		<input type="checkbox"/> \$25,350 or less	<input type="checkbox"/> \$25,351 - \$42,200	<input type="checkbox"/> \$42,201 - \$67,550	<input type="checkbox"/> \$67,551 or more
7		<input type="checkbox"/> \$27,100 or less	<input type="checkbox"/> \$27,101 - \$45,150	<input type="checkbox"/> \$45,151 - \$72,250	<input type="checkbox"/> \$72,251 or more
8 or more		<input type="checkbox"/> \$28,850 or less	<input type="checkbox"/> \$28,851 - \$48,050	<input type="checkbox"/> \$48,051 - \$76,900	<input type="checkbox"/> \$76,901 or more

I, \_\_\_\_\_, hereby promise to adhere to the rules, regulations and procedures as outlined in the posted rules at each Boys & Girls Club.

We give permission to the BGCAA to release the member's name and/or photograph to be used by BGCAA for promotion of BGCAA or to be used by the media in reporting about a BGCAA program or event.

Please Note: The BGCAA is not responsible for any lost or stolen items. Please leave valuables at home.

<i>Signature of Mother/Guardian</i>	<i>Signature of Father/Guardian</i>	<i>Signature of Club Member</i>
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<b>For Office Use Only</b>	Date Received _____	Amount Received _____
Cash _____	Check _____	Money Order _____
Check Number _____	Scholarship _____	
New/Renewal _____	Processed By _____	