

# Greater Newark Boys and Girls Clubs Adult Membership Information Form

**Please Print**

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

**Demographic**

Gender:  Female      Birthdate: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Male

Can Swim:  Yes  No

Household Type:  Apartment  Rent Home  Own Home

Income:  Under 15,000  15,001 - 20,000  20,001 - 25,000  25,001 - 30,000  30,001 - 35,000  35,001 - 40,000  45,001 - 50,000  Over 50,000  Decline to Submit

How did you hear about us? \_\_\_\_\_

**Medical/Emergency**

Medical Problems/Allergies:

\_\_\_\_\_

\_\_\_\_\_

Medications:

\_\_\_\_\_

\_\_\_\_\_

Physician: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

**Membership**

Please Check	Membership Payment Type	Total
	<b>1 Month Adult/Senior Membership \$20</b>	
	<b>3 Month Adult/Senior Membership \$50</b>	
	<b>Adult Full Year Membership \$175</b>	
	<b>Senior Full Year Membership \$125</b>	
	<b>Total</b>	

Club Member Signature \_\_\_\_\_ Date: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

*For Office Use Only.*

Date received: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Amount received: \_\_\_\_\_ Balance: \_\_\_\_\_