

Membership Form

For office use only: Member # _____
Date entered into database: _____
Initials: _____
Program: _____

Annual Membership Fee
\$35.00 Child
\$40.00 Adult

Registration Date: _____

New Member Renewal

Lincoln House Camp Kinneywood
 Winthrop House Kids Klub

INFORMATION ABOUT CHILD:

Name _____ Telephone (w/area code) _____ Cell Phone (w/area code) _____
Address _____ City _____ Zip _____ Email _____
School _____ Grade _____ Current Age _____
Child currently lives with _____ Relation to child _____ Birthdate _____
 Female
 Male

INFORMATION ABOUT PARENT/GUARDIAN:

Parent/Guardian Name _____ Employer _____ Work phone(w/area code) _____
Parent/Guardian Name _____ Employer _____ Work phone(w/area code) _____

Marital status: Married Partnered Divorced Single Widowed Number of people in household: _____

Are you or your child currently a member? Yes No First year of membership: _____ Number of years as a member: _____

Primary language spoken at home: _____

Person to notify in case of emergency (if parent/guardian cannot be reached):

Name _____ Telephone (w/area code) _____
How did you first hear about Girls Incorporated? Newspaper Radio Television Internet Family Member and/or Friend Other

Do you know a woman who participated in Girls Inc. or Girls Club and is interested in receiving information about Girls Inc.?

Please provide us with their name and address: _____

Please circle your income level, number of people in the household and ethnic background.	<u>Income Level:</u>	<u># of people in Household</u>	<u>Ethnic Background:</u>
<i>Information is voluntary.</i>	Under \$10,210	1	Asian/Pacific American
	\$10,210 to \$13,690	2	Black/African American
	\$13,690 to \$17,170	3	Latino/Hispanic American
	\$17,170 to \$20,650	4	Indian/Native American
	\$20,650 to \$24,130	5	White/European American
	Over \$24,130	6	Multiracial/Multiple Heritage Other

MEDICAL PERMISSION FORM:

I give permission for my child, _____, to receive emergency treatment and to be hospitalized at my expense, if necessary. I understand that every effort will be made to contact me before taking this action. I agree to update Girls Inc. if there are any changes in the information given.

Signature _____ Relation to child _____ Date _____

Doctor's Name _____ Telephone (w/ area code) _____

Medical Insurance Center _____ Policy Number _____

Please notify the Girls Incorporated office of special health needs (i.e. allergies, asthma, etc.) _____

Girls Incorporated Activity Permission

1. I give permission for my child to participate in Girls Incorporated activities and to be transported by Girls Incorporated staff to and from these activities, field trips, and school centers. I understand that my medical coverage is the primary insurer for my child and will not hold Girls Inc. responsible in case of an accident.
2. I give permission for images in print and electronic form and videos taken of my child during program to be used for public relations purposes, in newsletters, brochures, annual reports and for publicity on our website, radio, television, and newspapers.

Signature of Parent/Guardian _____

Date _____

