

# Membership Information Form

BGC of Huntington County  
608 East State Street  
Huntington, IN 46750

P: (260) 359-1750

F: (260) 359-1757

**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. Required fields are denoted with an asterisks(\*)

## Head of Household (Please Print )

**First Name:\***

**Last Name:\***

**Gender:**

Male  Female

**Family Income:\***

- 12,001 - \$15,000
- 15,001 - \$19,000
- 19,001 - \$23,000
- 23,001 - \$28,000
- 28,001 - \$32,700
- 32,701 - \$37,500
- 37,501 - \$42,000
- 42,001 - \$45,000
- 45,001 or Above
- 9,000 or below
- 9,001 - \$12,000
- Unknown

**Address:**

(Line 1)

(Line 2)

(City)

(State)

(Zip Code)

**Address Type:**

Home

Work  \_\_\_\_\_

**Phone Number:**

( ) -

( ) -

**Phone Type:**

Home  Work  \_\_\_\_\_

Home  Work  \_\_\_\_\_

**Family Size:**

**E-Mail Address:**

**E-Mail Type:**

Home  Work  \_\_\_\_\_

**Employer:**

**Military Branch:**

**Status:**

**Start Date:**

**End Date:**

## Parents / Guardian (Please Print )

**First Name:**

**Last Name:**

**Gender:**

Male  Female

**Address:**

(Line 1)

(Line 2)

(City)

(State)

(Zip Code)

**Address Type:**

Home

Work  \_\_\_\_\_

**Phone Number:**

( ) -

( ) -

**Phone Type:**

Home  Work  \_\_\_\_\_

Home  Work  \_\_\_\_\_

**E-Mail Address:**

**E-Mail Type:**

Home  Work  \_\_\_\_\_

**Employer:**

**Military Branch:**

**Status:**

**Start Date:**

**End Date:**

**Member Information ( Please Print )**

**First Name:\***

**Middle Name:**

**Last Name:\***

**Birth Date:**

**Social Security Number::**

**Gender:\***

Male  
 Female

**Ethnicity:**

African American     Asian American     Caucasian     Hispanic  
 Multi-Racial     Native American

**Membership Type:\***

Full Time

**School:**

**Grade:**

**Family Setting:**

1 Parent     2 Parent  
 Foster Home     Guardian

**Check all that Apply:**

TANF  
 Food Stamps  
 General Assistance  
 SSDI  
 SSI  
 Veterans Compensation  
 Day Care Voucher  
 School Lunch  
 Medicaid  
 Can Swim

**Address:**

(Line 1)

(Line 2)

(City)

(State)

**Address Type:**

Home  
 Work     \_\_\_\_\_

(Zip Code)

**Member Medical Information ( Please Print )**

**Insurance Company:**

**Insurance Policy Number:**

**Medications:**

**Medical Problems/Allergies:**

**Physician:**

**Physician Phone:**

**Disabilities:**

**Hospital:**

**Hospital Phone:**

**Pick Up Information ( Please Print )**

**Two people authorized to pick up member -**

**1.) First Name:**

**Last Name:**

( )

-

Home

Work

Acquaintance

Emergency Contact

Primary Emergency Contact

Lives With Member

**2.) First Name:**

**Last Name:**

( )

-

Home

Work

Acquaintance

Emergency Contact

Primary Emergency Contact

Lives With Member

**The BGC of Huntington County also uses the following fields to learn more about your child. Please check one item from each group below.**

**Food Allergies:** \_\_\_ Egg  
\_\_\_ Fish  
\_\_\_ Milk  
\_\_\_ Nuts  
\_\_\_ Other (Please Describe)  
\_\_\_ Soy  
\_\_\_ Wheat

**I Found The Club Via:** \_\_\_ Another Organization  
(specify) \_\_\_\_\_  
\_\_\_ Friend Referral  
\_\_\_ Other (specify) \_\_\_\_\_  
\_\_\_ School (specify) \_\_\_\_\_  
\_\_\_ Social Media

**Medicaid:** \_\_\_ Anthem, Subscription # \_\_\_  
\_\_\_ Managed Health Services  
\_\_\_ MDwise

**Orientation:** \_\_\_ Complete  
\_\_\_ Incomplete

**School Lunch Program:** \_\_\_ Free Lunch  
\_\_\_ Reduced Lunch

**Transportation:** \_\_\_ May not walk home  
\_\_\_ May walk home

I have read the completed application, understand the rules of the BGC of Huntington County and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the BGC of Huntington County will not be responsible for any accident to the boy/girl while on the BGC of Huntington County premises or while engaged in any of its activities away from the BGC of Huntington County. I give my consent for photographs, in which my son/daughter may appear, to be used in any way the BGC of Huntington County may care to use them.

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Member's Signature**

\_\_\_\_\_  
**Date**