

# Membership Information Form



Wallingford Branch  
1310 N 45th St  
Seattle, WA 98103

P: (206) 436-1930

F: (206) 547-2137

**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:**

- 0-\$21,050
- \$21,501-\$35,050
- \$35,051-\$53,650
- \$53,651- or More
- I choose not to answer

**Address:**

  
(Line 1)  
(Line 2)  
(City)  
(State)

**Address Type:**

 Home Work  \_\_\_\_\_  
(Zip Code)

**Phone Number:**

 ( )  -  ( )  - 

**Phone Type:**

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

**Family Size:**

**E-Mail Address:**

**E-Mail Type:**

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

**Employer:**

**Job Title:**

**Occupation:**

**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:**

**Job Title:**

**Occupation:**

**Military Branch:**

**Status:**

**Start Date:**

**End Date:**

**Member Information ( Please Print )**

**First Name:\***

**Middle Name:**

**Last Name:\***

**Nick Name:**

**Birth Date:**

**Gender:**

Male  
 Female

**Ethnicity:**

Af American/Black  Asian American  Caucasian  Hispanic  
 I prefer not to answer  Multi-Ethnic  Native  
American  Other  
 Pacific Islander/Hawaiian  Unknown

**Membership Type:\***

New Member  
 Renewal Member

**School:**

**Grade:**

**Household Type:**

Extended Family  Foster Family  
 Single Parent Family  Two Parent  
Family

**Family Setting:**

Both Parents  
 Divorced/Seperated  Extended Family  
 Guardian Parent(s)  Parent/Step  
Parent  Single Parent

**Address:**

(Line 1)

(Line 2)

(City)

(State)

**Address Type:**

Home

Work  \_\_\_\_\_

(Zip Code)

**Phone Number:**

( )  -

**Phone Type:**

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

**E-Mail Address:**

**E-Mail Type:**

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

**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

\_\_\_\_\_

- Parent
- Guardian
- \_\_\_\_\_

- Emergency Contact
- Primary Emergency Contact
- Lives With Member

**2.) First Name:**

**Last Name:**

( )

-

Home  Work

\_\_\_\_\_

- Parent
- Guardian
- \_\_\_\_\_

- Emergency Contact
- Primary Emergency Contact
- Lives With Member

**The Wallingford Branch also uses the following fields to learn more about your child. Please check one item from each group below.**

- Primary Program:**
- Athletics
  - BF Day
  - BLAST Programs
  - C.I.T.
  - Drop In
  - Sacajawea
  - Skyhawks
  - Teen Camp
  - Teen Center
  - Trailblazers
  - View Ridge

- Secondary Program:**
- Athletics
  - BF Day
  - BLAST Programs
  - C.I.T.
  - Drop In
  - Sacajawea
  - Skyhawks
  - Teen Camp
  - Teen Center
  - Trailblazers
  - View Ridge

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

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

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

\_\_\_\_\_  
Date