



## **MEMBERSHIP APPLICATION**

## **MEMBER INFORMATION:**

First Name:		Last Name:	Date of Birtl	n:		
Gender: Male	Female	Membership Type: New	Renewal	Renewal		
Race: Caucasian	Afri	can-American Asi	an			
Bi-Racial/Multiracial_	Am	erican Indian/Alaskan	Other	(Please specify)		
Ethnicity: Hispanic/La	atino	Non-Hispanic/Latino				
Lives With: (please c	ircle one) Tw	o Parents Mother Father Gu	ardian			
Other	(Please spe	cify)				
School:	Grade:					
Benefits: (Please che	ck all that ap	ply) No AidTANFI	Food Stamps			
Medicaid/Hoosier He	althwise	_ Free/Reduced Lunch				
Medications:		Allergies:				
	-	social and/or emotional info				
_		ORMATION (HEAD OF	_			
First and Last Name: _		Relationship to Member:				
Address:		City:	State	: Zip code:		
Cell Phone:		Work Phone:				
		Position/Title:				

## **PARENT/GUARDIAN INFORMATION #2**

First and Last Name:		Relationship to Member:				
Address:		City:	State:	Zip code:		
Cell Phone:	Work	Phone:				
Email:						
Employer:		Position/Title	<b>:</b>			
Have you or are you cur	rently serving in the military?	Yes No				
If yes, Branch:	Status: Active Inac	ctiveRetired				
•	nformation that is crucial in he check one. This information w	. •		, United Way, grant		
\$12,830-Under\$1	2,831-\$19,350 \$25,871-\$	\$32,390 \$32,391-	\$40,000\$40,00	)1-\$60,000		
\$60,001-\$80,000	\$80,000+					
Authorized Pick-Up: (Ot	her than Parent/Guardian)					
Name:	Phone:	Relationship t	o Member:			
Name:	Phone:	Relationshin t	o Memher			