

Membership Application

Frisco Branch
8750 McKinney Street
Frisco, TX 75034
Phone: 214.387.8405 Fax: 214.387.8406

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:

- \$15,951-\$17,950
- \$17,951-\$19,950
- \$19,951-\$21,550
- \$21,551-\$23,150
- \$23,151-\$24,750
- \$24,751-\$26,350
- \$26,351-\$26,600
- \$26,601-\$29,950
- \$29,951-\$33,250
- \$33,251-\$35,900
- \$35,901-\$38,550
- \$38,551-\$41,250
- \$41,251-\$43,900
- \$43,901-\$47,900
- \$47,901-\$53,200
- \$53,201-\$57,450
- \$57,451-\$61,700
- \$61,701-\$65,950
- \$65,951-\$70,200
- Over \$70,200
- Under \$15,950

Address:

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

Address Type:

 Home
 Work
 Other _____

Phone Number:

() -
() - Home Work _____
 Home Work _____

E-Mail Address:

E-Mail Type:

 Home Work _____

Employer:

Job Title:

Occupation:

Parents/Guardian (Please Print)

Family Size:*

First Name:

Last Name:

Gender:

 Male Female

Address:

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

Address Type

 Home
 Work
 Other _____

Phone Number:

() -
() -

Phone Type:

 Home Work _____
 Home Work _____

E-Mail Address:

E-Mail Type:

 Home Work _____

Employer:

Job Title:

Occupation:

Member Information:

First Name:*

Middle Name:

Last Name:*

Nick Name:

Birth Date:*

Social Security Number:*

Gender:*

 Male Female

Ethnicity:*

 African American Asian Caucasian
 Native American Other Hispanic

Membership Type:*

 Regular Seasonal

Household Type:

 Apartment Foster Home
 Group Home
 Single Family Dwelling

Pickup Authorization Password:

School:

Grade:

Family Setting:

 Both Parents
 Father & Stepmother
 Father Only
 Grandparent
 Guardian
 Mother & Stepfather
 Mother Only
 Foster Parents
 Group Home
 Step Parents

Address:

Address Type:

 Home Work _____
 Home Work _____

Phone Number:

Phone Type:

 Home Work _____

E-Mail Address:

E-Mail Type:

 Home Work _____

Check all that Apply:

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

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

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

I, the undersigned applicant, do hereby authorize the BGCCC to verify my personal records, including wages, pensions and investments. It is understood that this authorization is granted for the sole purpose of certifying my eligibility for federal assistance and that all information acquired in this regard will remain confidential.

BGCCC operates in accordance with the US Department of Agriculture and Texas Health and Human Services Commission policy, which prohibits discrimination on the basis of race, color, sex, age, disability, religion, political belief, or national origin.

Parent or Guardian Signature

Member's Signature

Date