

# Membership Application

Plano Branch  
1111 Avenue H  
Plano, TX 75074  
Phone: 972.424.6301 Fax: 972.509.9353

**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:

<input type="checkbox"/> \$15,951-\$17,950
<input type="checkbox"/> \$17,951-\$19,950
<input type="checkbox"/> \$19,951-\$21,550
<input type="checkbox"/> \$21,551-\$23,150
<input type="checkbox"/> \$23,151-\$24,750
<input type="checkbox"/> \$24,751-\$26,350
<input type="checkbox"/> \$26,351-\$26,600
<input type="checkbox"/> \$26,601-\$29,950
<input type="checkbox"/> \$29,951-\$33,250
<input type="checkbox"/> \$33,251-\$35,900
<input type="checkbox"/> \$35,901-\$38,550
<input type="checkbox"/> \$38,551-\$41,250
<input type="checkbox"/> \$41,251-\$43,900
<input type="checkbox"/> \$43,901-\$47,900
<input type="checkbox"/> \$47,901-\$53,200
<input type="checkbox"/> \$53,201-\$57,450
<input type="checkbox"/> \$57,451-\$61,700
<input type="checkbox"/> \$61,701-\$65,950
<input type="checkbox"/> \$65,951-\$70,200
<input type="checkbox"/> Over \$70,200
<input type="checkbox"/> 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 Plano Branch and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the Plano Branch will not be responsible for any accident to the boy/girl while on the Plano Branch premises or while engaged in any of its activities away from the Plano Branch. I give my consent for photographs, in which my son/daughter may appear, to be used in any way the Plano 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