

# Membership Information Form



Thurgood Marshall Unit  
2706 Border Road  
Chesapeake, VA 23324

P: (757) 545-7263

F: (757) 494-7651

**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:**

- \$10,000 & Below
- \$10,001 - \$15,000
- \$15,001 - \$24,900
- \$24,901 - \$28,500
- \$28,501 - \$32,050
- \$32,051 - \$35,600
- \$35,601 - \$38,450
- \$38,451 - \$41,300
- \$41,301 - \$44,150
- \$44,151 - \$47,000
- \$47,001 & Above

**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)

**Address Type:**

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

**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:**

**Social Security Number::**

**Gender:**

Male  
 Female

**Ethnicity:**

African American     Asian     Caucasian  
 Hispanic/Latino  
 Multi-Racial     Other

**Membership Type:**

Member  
 STAFF

**Pick up Authorization Password:**

**School:**

**Grade:**

**Household Type:**

Both Parents     Extended Family     Non Family  
 Other     Single Parent

**Family Setting:**

Father Only     Foster Parent(s)  
 Grandparent(s)     Guardian(s)  
 Mother & Father  
 Mother & Grandparent(s)

**Referring Organization:**

**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)

**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 Thurgood Marshall Unit also uses the following fields to learn more about your child. Please check one item from each group below.

**Arrival to club:**  Parent drop off  
 Parent drop off / Walker  
 School Bus  
 Walker

**Departure from club:**  Other  
 Parent pickup  
 Parent pickup / Walker  
 Walker

**Immunizations:**  No  
 Yes

**Internet User:**  Allowed  
 Not Allowed

**Meal:**  No  
 Yes

**Medical Release:**  Allowed / On file  
 Not Allowed

**Photo Release:**  No  
 Yes

**Physical Record:**  No  
 Yes

**School Records:**  No  
 Yes

**Voice Release:**  no  
 yes

**Walk home alone:**  Allowed  
 Not Allowed

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

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Parent or Guardian Signature

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Member's Signature

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Date