



**BOYS & GIRLS CLUB
OF FALL RIVER**

ADULT DIVISION

NAME	LAST NAME	FIRST NAME	MI	
ADDRESS	STREET	CITY	STATE	ZIP CODE
EMAIL:		PERSONAL	BIRTH DATE	GENDER
TELEPHONE NOS.	HOME NUMBER	CELL NUMBER	WORK NUMBER	
EMERGENCY	EMERGENCY CONTACT NAME	EMERGENCY CONTACT'S PHONE NO	RELATIONSHIP	

Membership Status: New Member Renewing Member

Membership Type: General Retiree/Disabled Ladies

Membership Length: 3 Months 6 Months Year

Enrollment Date: ____/____/____

Expiration Date: ____/____/____

Key Card Number #: _____

Facility Policies:

Members must present their membership card upon entering the building.
Smoking, alcohol and drugs are prohibited anywhere on Club property.
The use of foul language or clothing with profanity or offensive graphics is prohibited
Failure to observe these policies may result in membership termination

By signing below, I acknowledge that I agree to follow the program's policies and procedures.

Signature

Date