



MEMBERSHIP APPLICATION

A \$100 non-refundable membership expires annually.

Exact cash or credit card is required at orientation.

<input type="checkbox"/>	New Member
<input type="checkbox"/>	Renewal
<input type="checkbox"/>	Transfer
<input type="checkbox"/>	Member-Displaced
<input type="checkbox"/>	New-Displaced

Please check the box of the site you are applying for:

BGCNV
Main Office
601 Wall Street
Chico, CA 95928
(530)899-0334
<https://bgcnv.org/>

- Chico Clubhouse (grades K-4): 601 Wall Street, Chico (530) 899-0335
- Chico Phoenix Club (grades 5-7): 535 Wall Street, Chico (530) 487-8636
- Chico Teen Center (grades 8-12): 628 Wall Street, Chico (530) 879-5653
- Hamilton Elementary School (grades K-8): 277 Capay Ave., Hamilton City (530) 826-3474 x5035
- Oroville Teen Center (12-17 years): Rooms 1018 & 1019, 2380 Las Plumas Ave., Oroville (530) 533-3139
- Paradise Ridge Elem. (grades K-6): Rooms 109 & 110, 5657 Recreation Drive, Paradise (530) 872-6415 x2109
- Paradise Intermediate (grades 7-8): at PHS, Room 139; 5911 Maxwell Drive, Paradise (530) 872-6425
- Pine Ridge Elementary (grades K-6): Rooms 28, 29 & 30, 13878 Compton Dr., Magalia (530) 413-9232

This application must be completed on both sides by a *legal guardian* in order to join the Boys & Girls Club. The information provided will be kept confidential and will be used for statistics, funding, and grant requirements for the Club. Membership is available for young people ages 5-18.

ALL ORIENTATIONS ARE MANDATORY AND BY APPOINTMENT ONLY

Is your family displaced due to the Camp Fire? Yes or No

MEMBER INFO	Member Name _____	Home Phone _____
	Birth Date _____ Age _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Mailing Address _____ City _____	Zip Code _____
	Current School _____ Grade _____	School Year _____
	Previous School _____ Student ID # _____	
<input type="checkbox"/> My child has an IEP (Individualized Education Plan) - Please attach a copy to help make your child's experience successful		

MEDICAL	Insurance Company _____	Policy Number _____
	Preferred Physician _____	Physician Phone _____
	Preferred Hospital _____	Hospital Phone _____
	Allergies, Disabilities, Medical Issues & Medications: _____	

HOUSEHOLD	lead of Household Name _____	Relationship _____
	Mailing Address _____ City _____	Zip Code _____
	Employer _____	Job Title _____
	Cell Phone _____ Work Phone _____	Home Phone _____
	Email Address _____	

OTHER GUARDIAN	Other Guardian Name _____	Relationship _____
	Mailing Address _____ City _____	Zip Code _____
	Employer _____	Job Title _____
	Cell Phone _____ Work Phone _____	Home Phone _____
	Email Address _____	

MILITARY INFORMATION

Is any parent/guardian of this child a member of the military? No Yes Branch _____

Name of Serviceperson _____ Start Date _____ End Date _____

EMERGENCY CONTACT INFORMATION

Contact Name(s) _____	Relationship _____
Phone Numbers _____	
Contact Name(s) _____	Relationship _____
Phone Numbers _____	

Please share any other information that will enable our staff to enhance your child's experience at the Club: