



2009 - 2010 Boys' & Girls' Brigade Registration Form

Registration Type: Renewal New Member

Personal Information

First Name		Middle Initial	Last Name	
Address with Apt #		City	State/Zip	
Home phone		Cell Phone	Email	
Date of Birth	Gender (circle one) Male Female	Name of the school you are attending in 09/10		Your grade level in 09/10
Name of the school you attended in 5 th grade		Number of years as Brigade Member	Name of your Brigade group in 08/09	

Parent/Guardian 1 Information

First Name		Last Name	Employer (helps us when grant writing)	
Address with Apt # (if different from above)		City	State/Zip	
Home phone		Cell Phone	Would you like a staff person to call you about volunteer opportunities? (circle one) Yes No	
Work phone		Email		

Parent/Guardian 2 Information

First Name		Last Name	Employer (helps us when grant writing)	
Address with Apt # (if different from above)		City	State/Zip	
Home phone		Cell Phone	Would you like a staff person to call you about volunteer opportunities? (circle one) Yes No	
Work phone		Email		

Additional Information

This information is not required, but please consider sharing this information as it helps us tremendously when requesting grants and financial support for our programming. It will be kept strictly confidential.

Are you eligible for free or reduced lunches at school? Yes No

Race

- White
- Black/African-American
- American Indian/Alaskan Native
- Asian
- Native Hawaiian/Pacific Islander
- Other

Ethnicity

- Hispanic
- Non-Hispanic

Household Income

- Not sure
- \$0-\$6,999
- \$7,000-\$14,999
- \$15,000-\$24,999
- \$25,000-\$49,999
- \$50,000-\$99,999
- \$100,000 or more

Comments: (group request, health conditions)

Payment Details

09/10 Dues: \$49 before July 1 – \$56 after July 1		<input type="checkbox"/> Cash
<input type="checkbox"/> Check (payable to Boys' & Girls' Brigade) 109 W. Columbian Avenue Neenah, WI 54956 920-725-3983 www.bgbrigade.com Membership fees are required at the time of registration.	Please bill my:	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Expiration Date (MM/YY) _____
	Card Number _____	3 Digit Code _____
	Cardholder Name _____	
	Cardholder Signature _____	