



2010 - 2011 Boys' & Girls' Brigade Registration Form

Registration Type: Renewal New Member

Brigade Member 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 10/11		Your grade level in 10/11
Name of the school you attended in 5 th grade		Number of years as Brigade Member	Name of your Brigade group in 09/10	

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

in Household _____

Race

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

Ethnicity

- Hispanic
- Non-Hispanic

Household Income

- \$0-21,600
- \$21,601-\$28,499
- \$28,500-\$35,599
- \$36,000-\$47,499
- \$47,500-\$57,599
- \$57,600-\$76,000
- \$76,001 or more
- Unknown

Comments: (friend/group request, health conditions)

Payment Details

2010/2011 Dues: \$39 before noon, March 26, 2010 – \$49 by June 1, 2010 - \$59 after June 1, 2010 Cash

Check (payable to Boys' & Girls' Brigade)
PO Box 665

109 W. Columbian Avenue
Neenah, WI 54957-0665
920-725-3983

www.bgbrigade.com

Membership fees are required at the time of registration.

Please bill my: MasterCard Visa Expiration Date (MM/YY) _____

Card Number _____ 3 Digit Code _____

Cardholder Name _____

Cardholder Signature _____