## Thomas H. Lutsey Unit (East) Bruce W. Nagel Unit (West)

1451 University Avenue Green Bay, WI 54302 920.494.7090



311 South Oneida Street Green Bay, WI 54303 920.494.7090

## **MEMBERSHIP APPLICATION**

School Year Fee \$10.00---Summer Fee is Separate

Inquire within for more details

	Zilquila IIII	mir for more details					
Club	First Name		Last Name				
Member's							
Information:	Birthday:/(Month, Day, Year) Gender: Male Female						
	School:		Grade:				
Whom do you live with?	Both Parents Mother Only	Father Only Guard	ian(s) Foster Family Grandparent(s)				
Where do you live?	Apartment House	Foster Home She	elter Group Home Homeless				
What is your Ethnicity?	African American Asian Caucasian Native Hispanic/Latino Multi-Ethnic Other						
What is your E-mail?		na i en disva e bilirio que e	Aungos Colleyengg Ams Tosturb (1884)				
Head of	e day si ve a marking	an Autopada para inter	na Sesse (100) ser odni se se se ne se se				
Household's	First Name	Line lave supervision	Last Name				
Information:	Dalationalis to Club Manuba						
SEST TO TALKES OF SE	Relationship to Club Member: Gender: Male Female						
Home Address:	ron sin yd skigivorg nederne	o application form, info	depoints making no bethough encountries				
ala consulta si va sulta	House Number and Stre	et	City State Zip				
How many people live in this house?	NOT THE OWNER OF THE	What is your E-mail Address?					
Home Phone Number:	( e.e.) of a bas ed to	Cell Phone Number:	( )				
Where do you work?	and the youth or throw sets re-	Work Phone Number:	( )				
Are any parents active In the Military?	Yes No	Are any parents Veterans?	Yes No				
Total Household Wages	Under \$9,999	\$10,000-\$14,9	\$15,000-\$24,999				
earned each year: (Optional)	\$25,000- \$34,999	\$35,000-\$49,9	99 \$50,000 and over				
Other Parent/ Guardian in	numus exist 3, years of a fileness as block you exist a second production of the second producti						
the House	First Name Last Name						
	Relationship to Club Member: Gender: Male Female						
Where do you work?	Age can adjust the property of the	Work Phone Num					
Cell Phone Number:	( )	E-mail Address					

SSDI		Day Care Voucher		School Lunch	n Assistance
☐ SSI		Food Stamps		Veterans Cor	mpensation
TANF		General Assistance		MA (Medicaio	d, Badger Care, etc.)
		Member Medical Info	ormation		
Medical Problems and/or Allergies th be aware	e Club should	Tionson Tionson and			
Medications the C aware	ub should be				
lis	names of Individ	Member Pickup Info			nember
1.		Relationship to Member:	ddi ionized e	Phone: (	)
2.		Relationship to Member:		Phone: (	)
Person(s) NOT autho	ized for Pickup				
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Date

Legal Guardian Signature