

# Membership Information Form

Norristown PAL  
1101 Harding Blvd.  
Norristown, PA 19401

P: (610) 278-8040

F: (610) 278-8055

**Confidentiality:** Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. Required fields are denoted with an asterisks(\*)

## Head of Household (Please Print)

**First Name:\***

**Last Name:\***

**Gender:**

Male  Female

**Family Income:**

- 0 -10,000
- 10,000-25,000
- 25,001-40,000
- 40,001-50,000
- Over 50,000

**Address:**

(Line 1)

(Line 2)

(City)

(State)

**Address Type:**

Home

Work  \_\_\_\_\_

(Zip Code)

**Phone Number:**

( ) -

( ) -

**Phone Type:**

Home  Work  \_\_\_\_\_

Home  Work  \_\_\_\_\_

**Family Size:**

**E-Mail Address:**

**E-Mail Type:**

Home  Work  \_\_\_\_\_

**Employer:**

**Job Title:**

**Occupation:**

**Military Branch:**

**Status:**

**Start Date:**

**End Date:**

## Parents / Guardian (Please Print)

**First Name:**

**Last Name:**

**Gender:**

Male  Female

**Address:**

(Line 1)

(Line 2)

(City)

(State)

(Zip Code)

**Address Type:**

Home

Work  \_\_\_\_\_

**Phone Number:**

( ) -

( ) -

**Phone Type:**

Home  Work  \_\_\_\_\_

Home  Work  \_\_\_\_\_

**E-Mail Address:**

**E-Mail Type:**

Home  Work  \_\_\_\_\_

**Employer:**

**Job Title:**

**Occupation:**

**Military Branch:**

**Status:**

**Start Date:**

**End Date:**

**Member Information ( Please Print )**

**First Name:\***

**Middle Name:**

**Last Name:\***

**Birth Date:**

**Social Security Number::**

**Gender:**

Male  
 Female

**Ethnicity:**

African American    Asian    Caucasian    Hispanic  
 Mixed    Other (not listed)

**Membership Type:\***

Adult Fitness-\$175  
 Adult Programs-\$25  
 Law Enforcement  
 Senior Fitness-\$25  
 Youth-\$10

**Pick up Authorization Password:**

**School:**

**Grade:**

**Household Type:**

1 Parent    2 Parent    Foster Care

**Family Setting:**

**Check all that Apply:**

TANF  
 Food Stamps  
 General Assistance  
 SSDI  
 SSI  
 Veterans Compensation  
 Day Care Voucher  
 School Lunch  
 Medicaid

**Address:**

(Line 1)

(Line 2)

(City)

(State)

**Address Type:**

Home

Work    \_\_\_\_\_

(Zip Code)

**Phone Number:**

(   )    -  

**Phone Type:**

Home    Work    \_\_\_\_\_

**E-Mail Address:**

**E-Mail Type:**

Home    Work    \_\_\_\_\_

**Member Medical Information ( Please Print )**

**Insurance Company:**

**Insurance Policy Number:**

**Medications:**

**Medical Problems/Allergies:**

**Physician:**

**Physician Phone:**

**Disabilities:**

**Hospital:**

**Hospital Phone:**

**Pick Up Information ( Please Print )**

**Two people authorized to pick up member -**

**1.) First Name:**

**Last Name:**

( )

-

Home  Work

\_\_\_\_\_

- Parent
- Guardian
- \_\_\_\_\_

- Emergency Contact
- Primary Emergency Contact
- Lives With Member

**2.) First Name:**

**Last Name:**

( )

-

Home  Work

\_\_\_\_\_

- Parent
- Guardian
- \_\_\_\_\_

- Emergency Contact
- Primary Emergency Contact
- Lives With Member

**The Norristown PAL also uses the following fields to learn more about your child. Please check one item from each group below.**

**Avg. Grades:** \_\_\_ A  
\_\_\_ B  
\_\_\_ C  
\_\_\_ D  
\_\_\_ F

**TKD ONLY:** \_\_\_ TKD Only

**TKD Only:**

I have read the completed application, understand the rules of the Norristown PAL and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the Norristown PAL will not be responsible for any accident to the boy/girl while on the Norristown PAL premises or while engaged in any of its activities away from the Norristown PAL. I give my consent for photographs, in which my son/daughter may appear, to be used in any way the Norristown PAL may care to use them.

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Member's Signature**

\_\_\_\_\_  
**Date**