



Membership Application
Greater Norristown PAL
 340 Harding Boulevard
 Norristown PA 19401
 P: (610) 278-6040 F: (610) 278-8055

Confidentiality: Any confidential information requested is for our records and for the funding our organization receives. The information you provide will be kept completely confidential. Your cooperation is both appreciated and necessary.

Required fields are denoted with an asterisk (*). Click on a lines to fill the form in using a computer.

Member Information

First name*: _____ **Last name*:** _____ **Gender*:** _____

Date of birth*: _____ **Social Security #:** _____

Ethnicity (check one): _____ African American _____ Asian _____ Caucasian _____ Hispanic _____ Mixed _____ Other

If member is a child please give a brief description of the child's grades, strength, and weakness. We use this information to learn more about your child's needs and to make program recommendations.

Parent Information

First name*: _____ **Last name*:** _____ **Gender:** _____

Address*: _____

Phone number*: _____ **Email address*:** _____

Employer: _____ **Work phone:** _____

Job title: _____

First name*: _____ **Last name*:** _____ **Gender*:** _____

Address* _____

Phone number*: _____ **Email address*:** _____

Employer: _____ **Work phone:** _____

Job title: _____

Household Type* (check one): _____ Single _____ Two Parents _____ Foster

Does your child have a current custody agreement*? (Check one): _____ Yes _____ No

If the answer to the previous questions is "yes," describe the custody arrangements in the space provided below.*

Member Medical Information

Insurance Company: _____ Policy Number: _____

Medications: _____

Medical Problems/Allergies: _____

Physician: _____ Phone Number: _____

Member Pick-Up Information

*List two people, other than the parents, authorized to pick-up member.

First name*: _____ Last name*: _____ Phone #*: _____

First name*: _____ Last name*: _____ Phone #*: _____

*Would you like a Pick-Up Password? (Check one): _____ Yes _____ No

If "yes," list the password in the space provided: _____

I have read the completed application, understand the rules of Greater Norristown PAL and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that Greater Norristown PAL will not be responsible for any accident to the boy/girl while on the Greater Norristown PAL premises or while engaged in any of its activities away from Greater Norristown PAL.

I give my consent for photographs in which my son/daughter may appear to be used in any way Greater Norristown PAL may care to use them.

Parent or Guardian's Signature*: _____

Member's Signature*: _____

Date: _____



For Staff Use Only:

Amount Paid: _____

Method of payment: _____

Received by: _____

Date received: _____