

Date Received _____
Membership Fee: \$15.00
Adult Fee: \$25.00

Would you like a membership card? Yes ___ No ___

JOSEPH H. FIRTH YOUTH CENTER
108 Anderson St, Phillipsburg, NJ 08865
908-454-7281

MEMBERSHIP APPLICATION
(Please complete all items.)

NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____ PHONE _____

SCHOOL _____ GRADE _____

FATHER'S NAME _____ ADDRESS _____

MOTHER'S NAME _____ ADDRESS _____

WITH WHOM DO YOU LIVE _____ PHONE _____

FATHER EMPLOYER _____ PHONE _____

MOTHER EMPLOYER _____ PHONE _____

PARENT'S E-MAIL: _____

OF BROTHERS _____ AGES _____ # OF SISTERS _____ AGES _____

List any disabilities, allergies, or precautions that should be made known to the Firth Youth Center

Director, _____

In case of emergency, list at least one (1) additional name and phone number:

Activity and/or team name and coach: _____

To Youth Members:

I wish to become a member of the Joseph H. Firth Youth Center. I promise to take care of the Center and its property, to obey the staff, respect its rules and to be loyal to the Center.

SIGNATURE

To the parent(s), Legal Guardian(s), or Adult members:

I hereby give my permission for _____ or agree (adult members) to become a member of the Firth Youth Center of Phillipsburg. I understand that all necessary safety precautions will be taken and that as a parent, legal guardian, or adult member I will cooperate in full with the Firth Youth Center regarding responsibility for accident or injury.

SIGNATURE

(SIGNATURES REQUIRED)