

# Gloria J. Parks Community Center Membership Form

3242 Main Street, Buffalo NY 14214 Phone 716-832-1010 Fax 716-832-5099 Website: www.udcda.org

**All Center Memberships expire one year from date of purchase.**

**PLEASE clearly PRINT the following:**

- 1) Please check one:                     New Membership                     Renewal                     Upgrade
- 2) Membership **Type, Cost** and (**Capital Development Fee-** charged to new members and members who do not renew within one month of membership expiration.)
- Youth**                    **\$30 plus (\$5):** Must be 17 years of age or younger
- Student**                    **\$40 plus (\$5):** With valid student ID only
- Individual**                    **\$50 plus (\$5):** Ages 18 - 54
- Senior**                    **\$0 plus (\$0):** No Charge for Ages 55 and up with Proper ID
- Family**                    **\$70 plus (\$15):** Only available to parents and their dependents ages 17 and under.
- Business**                    **\$100 plus (\$15):** Two (2) cards issued. When at Center, must show current proof of employment with card.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_ City / Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Circle: Male or Female E-mail: \_\_\_\_\_

3) **How did you hear about Membership?** (please circle one) :    Newsletter/Flyer                    or                    Word of Mouth

4) **RELEASE: Must be signed by all members 18 years of age & older or by parent / guardian for members 17 years of age & under - NO MEMBERSHIPS CAN BE PROCESSED WITHOUT A SIGNATURE!** In consideration of my / my child(ren)'s participation in the programs at the Gloria J. Parks Community Center, the undersigned hereby agrees not to sue, and hereby releases the University District C.D.A., Inc., the Gloria J. Parks Community Center, their employees and volunteers from any and all liability for any damage or injury to me/my child(ren) or to property, sustained by me/my child(ren) caused by or resulting from any causes whatsoever. I also acknowledge that I assume all risk of injury from such participation in activities at the facility or other program site. By signing this release, I swear that I am/my child(ren) is/are in good physical condition and that I am not aware of any limiting physical condition or disability that would preclude my/their participation in the intended use of the facility or program by me/my child(ren).

**SIGNATURE OF MEMBER / PARENT / GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Complete this section for a **YOUTH MEMBERSHIP** Only!

5a) Parent's Name(s):(Mother) \_\_\_\_\_ Work #: \_\_\_\_\_

(Father) \_\_\_\_\_ Work #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone #: \_\_\_\_\_

Complete this section for a **FAMILY MEMBERSHIP** Only!

6a) Spouse: \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Occupation: \_\_\_\_\_

6b) Signature acknowledging acceptance of the above release (item #4): \_\_\_\_\_ Date: \_\_\_\_\_

7) Children **17 years of age and under** to be included in Family Membership:

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Circle:  
Male or Female

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male or Female

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male or Female

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male or Female

All Members are required to pay a capital development fee of **\$5** for either a Youth, Student, or Individual Membership in order to support building improvements. Family and Business memberships are assessed a fee of **\$15**. Payment of the capital development fee is due when paying for a Center membership. **Only Members who renew within one month of an expired membership will not be recharged the capital development fee.**

**OFFICE USE ONLY:**                    *Capital Development*                    Total Cash/                    Cards Given:  
Staff Initials: \_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Fee Assessed: \_\_\_\_ Check Amt: \_\_\_\_ Check #: \_\_\_\_ Receipt #: \_\_\_\_

# CLIENT CHARACTERISTIC FORM - YEAR 38

## Public Services - Limited Clientele Activities

PLEASE COMPLETE THIS FORM WITH A PROPERTY ADDRESS SITUATED IN THE CITY OF BUFFALO ONLY. THIS INFORMATION WILL BE USED FOR STATISTICAL PURPOSES ONLY.

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**1. Household income: (circle one income level)**

Based on number of members living in your household, including yourself.

1 person	2 person	3 person	4 person
\$13,900 or less	\$15,900 or less	\$17,900 or less	\$19,850 or less
\$23,150 or less	\$26,450 or less	\$29,750 or less	\$33,050 or less
\$37,050 or less	\$42,350 or less	\$47,650 or less	\$52,900 or less
\$37,051 or more	\$42,351 or more	\$47,651 or more	\$52,901 or more

5 person	6 person	7 person	8 person
\$21,450 or less	\$23,050 or less	\$24,650 or less	\$26,250 or less
\$35,700 or less	\$38,350 or less	\$41,000 or less	\$43,650 or less
\$57,150 or less	\$61,400 or less	\$65,600 or less	\$69,850 or less
\$57,151 or more	\$61,401 or more	\$65,601 or more	\$69,851 or more

**2. Which group do you belong to? (Check one race category and, if applicable, check ethnicity.)**

**Ethnicity:**

**Hispanic or Latino**

**Single Race:**

1	White	
2	Black or African American	
3	Asian	
4	American Indian or Alaskan Native	
5	Native Hawaiian or other Pacific Islander	

**Multi Race:**

6	American Indian or Alaskan Native <b>and</b> White	
7	Asian <b>and</b> White	
8	Black or African American <b>and</b> White	
9	American Indian or Alaskan Native <b>and</b> Black or African American	
10	Other Multi Racial	

**3. Age of Program Participant: (check one)**

1	Under 5 years
2	5-9 years
3	10-15 years

4	16-20 years
5	21-24 years
6	25-44 years

7	45-54 years
8	55-64 years
9	Over 64 years

**4. Gender**

1	Female
2	Male

**5. Is the head of your household female?**

1	Yes
2	No

**6. Do you consider yourself with a severe disability?**

1	Yes
2	No

**CERTIFICATION:** [For youth programs, this form must be signed by a parent or guardian.]

I acknowledge that this information as submitted above has been examined by me and is true and correct.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

THIS FORM MUST BE COMPLETED FOR EACH PARTICIPANT AND A PERMANENT FILE  
MAINTAINED FOR GOVERNMENT VERIFICATION.

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

<b>7.</b>					<b>Census Tract</b>
					<b>Activity Codes</b>
<b>9.</b>			<b>Project Number</b>		
<b>10.</b>		<b>Councilmanic District</b>			

Revised 12/11

Youth & Adult