

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 (LMC) – Presumed Benefit

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

Single Race:		Ethnicity: Hispanic or Latino	
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 and White		
7	Asian and White		
8	Black or African American and White		
9	American Indian or Alaskan Native and Black or African American		
10	Other Multi Racial		

2. Age of Program Participant: (check one)

1	Under 5 years	4	16-20 years	7	45-54 years
2	5-9 years	5	21-24 years	8	55-64 years
3	10-15 years	6	25-44 years	9	Over 64 years

3. Gender

1	Female
2	Male

4. Is the head of your household female?

1	Yes
2	No

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

1	Yes
2	No

***Definition of Severely Disabled**

Persons are considered severely disabled if they:
 Use a wheelchair or another special aid for 6 months or longer;
 Are unable to perform one or more functional activities (seeing, hearing, having one's speech understood, lifting and carrying, walking up a flight of stairs and walking);
 Need assistance with activities of daily living (getting around inside the home, getting in or out of bed or a chair, bathing, dressing, eating and toileting) or instrumental activities or daily living (going outside the home, keeping track of money or bills, preparing meals, doing light housework and using the telephone);
 Are prevented from working at a job or doing housework;
 Have a selected condition including autism, cerebral palsy, Alzheimer's disease, senility or dementia or mental retardation; or
 Are under 65 years of age and are covered by Medicare or receive Supplemental Security Income (SSI).

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

6.					Census Tract
7.					Activity Codes
8.		Project Number			
9.		Councilmanic District			