

MEMBERSHIP APPLICATION

MEMBER NUMBER
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INSTRUCTIONS:
Please provide all of the information requested and mail or fax both pages of the completed application to your area **L.E.A.D. Headquarters/Branch** at the address or fax number shown to the right. Incomplete applications will be returned. Your payment must be included with this application in order for it to be processed. Membership is individual and is not transferable from one person to another.

Office Use Only
 Cash
 Check
 Money Order
Date: _____
Rcvd. By: _____
Notes: _____

HEADQUARTERS
4900 West Hallandale Beach Blvd.
Pembroke Park, FL 33023
Office: (954) 964-2901, ext. 120
Fax: (954) 964-4401
Email: LSF@leadnation.org

NORTH FLORIDA BRANCH
P.O. Box 20134
Tallahassee, FL 32316
Email: LNF@leadnation.org

PLEASE **PRINT** ALL INFORMATION CLEARLY AND BE SURE TO **SIGN** THIS APPLICATION

FIRST NAME:		MIDDLE NAME:		LAST NAME:	
EMERGENCY CONTACT NAME:		EMERGENCY PHONE & EXT:			
NICKNAME:		BIRTH DATE:	GENDER:	MEMBER TYPE (CHECK ONE)	
AGE:					
ETHNICITY: (CHECK ONE)					
<input type="checkbox"/> Black (Not of Hispanic Origin) <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Multi-Racial					
<input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____					
HOME ADDRESS:			CITY:		
STATE:	ZIP:	HOME PHONE NUMBER:		MEMBER LIVES WITH:	
E-MAIL ADDRESS:		SCHOOL:		GRADE:	
FATHER'S FIRST NAME:		FATHER'S LAST NAME:		FATHER'S OCCUPATION:	
FATHER'S EMPLOYER:		FATHER'S WORK PHONE & EXT.			
MOTHER'S FIRST NAME:		MOTHER'S LAST NAME:		MOTHER'S OCCUPATION:	
MOTHER'S EMPLOYER:		MOTHER'S WORK PHONE & EXT.			

GUARDIAN'S FIRST NAME:

GUARDIAN'S LAST NAME:

GUARDIAN'S OCCUPATION:

GUARDIAN'S EMPLOYER:

GUARDIAN'S WORK PHONE & EXT:

MEMBER LIVES WITH: (CHECK ONE)

Both Parents
 Mother
 Father
 Sister/Brother
 Grandparent
 Guardian
 Other _____

Number of Sisters and Step-Sisters:

Number of Brothers and Step-Brothers:

Household Size:

Medical Problems/Allergies

NAMES & NUMBERS OF TWO EMERGENCY CONTACTS:

1)

2)

Have You/Your Child been a Member of the L.E.A.D. Organization previously?

YES
 NO

Number of Years:

List Your/Your Child's Hobbies:

Are You/Your Child a Member in Other Youth/Leadership Programs?

YES
 NO

Names of Other Programs:

The following information is necessary for our records and the funding our Organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary.

Member's Social Security Number
_____ - _____ - _____

Medicaid Number:

Family Setting: (Circle One)

1 Parent Family
 2 Parent Family
 Other

Circle All Programs Which Apply:

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

Annual Household Income: (Circle One)

\$9,000 or below
 \$9,001 - \$12,000

\$12,001 - \$15,000
 \$15,001 - \$19,000

\$19,001 - \$23,000
 \$23,001 - \$28,000

\$28,001 - \$32,700
 \$32,701 - \$37,500

\$37,501 - \$42,000
 \$42,000 and above

MEMBERSHIP TYPE:

YOUTH (Ages 11 - 16)
 ADULT (Ages 17-25)

ANNUAL MEMBERSHIP FEE:

\$35.00
 \$40.00

PAYMENT METHOD:

Cash
 Amount: _____
 Money Order
 Amount: _____
 Check
 #: _____

I have read the completed application, understand the rules of the L.E.A.D Organization, and request that I/my son/daughter be admitted into membership. By applying for membership, I/my son/daughter agree to abide by the bylaws of the L.E.A.D Organization. I understand/have explained the rules to my son/daughter and agree that the L.E.A.D. Organization will not be responsible for any accident to me my son/daughter while engaged in any of its activities. I give my consent for photographs, in which I/my son/daughter may appear, to be used in any way the L.E.A.D Organization may care to use them.

Parent/Guardian Signature

Member's Signature

Date: / /