



**Dear Parents:**

**Please return the following:**

- **Membership Application to include**
- **Parental Consent and Agreements**
- **\$5.00 NONREFUNDABLE membership fee**
- **Smart Moves Program**
- **Smart Smiles Program**
- **Copy of:**
- **Birth Certificate**
- **Most Recent Physical**
- **Immunization Record**

**Once all the above information is received, there is a two-day waiting period before your child may attend. If you have any questions, please call (540) 985-8600 / (540) 985-3748 fax.**

**If you are mailing in your application and membership fee please mail to:**

**Boys & Girls Clubs  
Attention: Membership  
4395 Electric Rd  
Roanoke VA 24018**

**Thank you and Welcome to the Boys & Girls Clubs of Roanoke Valley!**

**Boys & Girls Clubs office use only:**

Member at \_\_\_\_\_ or Smart Smiles Only: \_\_\_\_\_

After School Program: \_\_\_\_\_ Summer Program: \_\_\_\_\_ Programs & Smart Smiles: \_\_\_\_\_

Date of Payment: \_\_\_\_\_ Payment Amount: \_\_\_\_\_ Payment Method: \_\_\_\_\_

Entered in Data Base: \_\_\_\_\_ by: \_\_\_\_\_

Identity Verification:

City and State of Birth:	Birth Date:	Birth Certificate Number:	Date Issued:
Other Form of Proof (if no Birth Certificate):		Date Documentation Viewed:	Person Viewing Documentation: