

Ardmore Avenue Community Center

122 Ardmore Avenue – PO Box 324

Ardmore, PA 19003

Phone: 610-896-7256

FAX: 610-896-7292

Membership Application

Date: _____ Age: _____ Date of Birth: ___/___/___

Last Name: _____ First Name: _____

Street Address: _____

City: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

School: _____ Grade: _____

Parent's Name: _____ Email: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Interests:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

For the purpose of determining eligibility for proposed Community Development Projects, to be funded by the U.S. Department of Housing & Urban Development's Community Development Block Grant Program (CDBG), the following information is necessary. Each family should indicate the number of persons living in the household and whether total family income is below or above the listed figure for the appropriate size family.

		Below	Above	Income
_____	1 Person Total Income is	_____	_____	\$43,900.00
_____	2 Person Total Income is	_____	_____	\$50,150.00
_____	3 Person Total Income is	_____	_____	\$56,450.00
_____	4 Person Total Income is	_____	_____	\$62,650.00
_____	5 Person Total Income is	_____	_____	\$67,700.00
_____	6 Person Total Income is	_____	_____	\$72,700.00
_____	7 Person Total Income is	_____	_____	\$77,700.00
_____	8 Person Total Income is	_____	_____	\$82,700.00

INFORMATION PROVIDED MAY BE SUBJECT TO VERIFICATION. THE PENALTY FOR FALSE OR FRAUDULENT STATEMENT UNDER U.S.C. TITLE 18, SEC. 1001 PROVIDES "whoever, in any manner within the jurisdiction of any department or agency of the United States knowingly or willfully falsifies...or makes false, fictitious or fraudulent statements or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined no more than \$10,000 or be imprisoned not more than 10 years or both.

I, the undersigned parent/child participant, hereby release the Ardmore Avenue Community Center and the Township of Lower Merion, its officers, agents, employees, sponsors, organizers, and all leaders assigned by them, from all liability for any damage and injury to any person or thing in connection with the above application. Furthermore, I hereby agree to refrain from bringing suit against any of the above named on my own behalf or on behalf of my son or daughter (named above) as a result of any damages or injuries to any person or thing that occurred in connection with the above application.

Adult Participant's or Parent's Signature

Date