



Membership Application

Name: _____ Primary Phone: _____
Last First MI

Date of Birth: _____ Last four of SS#: _____

Address: _____
Street Address Apartment / Unit #

_____ City State zip code

Email Address: _____

Emergency Contact: _____ Phone Number: _____

Disability: Traumatic Brain Injury (TBI) _____ Acquired Brain Injury (ABI) _____

Other (Please List) _____

Have you served in the Military? (Please circle) YES NO

Education: The numbers represent grades kindergarten through twelfth grade and for years of college. Please circle number indicating the highest level of education you have completed.

K 1 2 3 4 5 6 7 8 9 10 11 12 GED (yes/no) _____

College 1 2 3 4 Graduate School 1 2 3 4 5

Degrees/Certifications: _____

Are you presently employed? YES NO If yes, where _____

Do you have a history of substance abuse? YES NO

Do you have a religious or cultural considerations that would impact your Clubhouse participation?

YES NO If yes, please describe _____

How did you hear about the clubhouse? _____