



VAB CLUB ENROLLMENT FORM

(Check One)

Boys & Girls Club

Scouts

YMCA

Today's Date: _____

Club Contact Name: _____

Club (Phone or email): _____

Enrollment Classification:

- New Club Membership
- Club Membership Renewal

Document presented to verify member eligibility (Review only. Do not keep a copy.):

- Member ID Card #
- Other _____

Member Name(s)	Age(s)
_____	_____
_____	_____
_____	_____
_____	_____

Parent/Guardian Name: _____

Contact Information (phone or email): _____

Parent/Guardian Signature: _____

If you have questions for Sunflower Health Plan, contact Customer Service at 1-877-644-4623 (TTY 711).