



New Member Registration

Date: _____

Mr. Mrs. Ms. Miss Name: _____
First Middle Initial Last

Address: _____ City/State _____

Zip: _____ Cell: _____ Home: _____ May we text you? Yes No

Email : _____ Date of Birth _____ Gender _____

Who in your family or among your friends is/was diagnosed with cancer?

Self Spouse/Partner Child Parent Sibling Grandparent Friend

Other Date of diagnosis _____

In active treatment Post-treatment (6 months) Post-treatment (1 year+)

Current Treatment: Chemotherapy Radiation Surgery Clinical Trial Maintenance Chemo

Oncologist Name: _____

Type of cancer: _____ Hospital Affiliation: _____

How did you hear about Gilda's Club? <input type="checkbox"/> Clubhouse Staff/Volunteer <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Friend/Family <input type="checkbox"/> Social Worker <input type="checkbox"/> Internet <input type="checkbox"/> Newspaper <input type="checkbox"/> TV/Radio <input type="checkbox"/> Other (specify) _____			
Ethnicity: <input type="checkbox"/> American Indian/Alaska native/First Nation <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African-American (non-Hispanic) <input type="checkbox"/> Black-Hispanic <input type="checkbox"/> White Hispanic <input type="checkbox"/> White (non-Hispanic) <input type="checkbox"/> Other _____			

Marital Status <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Other Sexual Orientation <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Straight <input type="checkbox"/> Other	Employment Status <input type="checkbox"/> Full-time or Part-time <input type="checkbox"/> On Medical Leave <input type="checkbox"/> Disabled <input type="checkbox"/> Not employed <input type="checkbox"/> Retired <input type="checkbox"/> Student	Number in Household Amount: _____ Annual Household Income <input type="checkbox"/> \$24,999 or less <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$74,999 <input type="checkbox"/> \$75,000 - \$99,999 <input type="checkbox"/> \$100,00+	Insurance <input type="checkbox"/> Medicare only <input type="checkbox"/> Medicare + Private <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance <input type="checkbox"/> Uninsured Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	Education <input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> Technical <input type="checkbox"/> College <input type="checkbox"/> Graduate/Postgraduate Number of Children _____ Ages: _____ _____ _____
--	--	---	--	---

Emergency Contact: In the event of an emergency, I authorize Gilda's Club South Florida to contact on my behalf:

Name: _____ Phone: _____

Relationship: _____ Alternate Phone: _____

***** Staff Use Only***** Staff Use Only***** Staff Use Only*****	
Groups: __ Wellness __ Survivorship __ F&F __ GMN __ Bev __ Men's Club __ Children/teens __ HL: _____ Other: _____ Scanned _____ Gnosis _____ Thank You _____ Reviewed _____ Follow Up _____ other: _____	