



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).