

2025 - 2026 Program Year | Elementary & Middle School

MEMBERSHIP APPLICATION



Sign up online at www.bestbuddies.org/join!

First and Last Name:

Chapter Name:

Address:

Street Address

City

State

Zip Code

Member Status:

☐ New ☐ Returning

E-mail:

Phone Number:

Best Buddies respects and welcomes people from all backgrounds and abilities to join our programs. By completing the following information (as defined by the U.S. Census Bureau), you ensure support and funding for members in your community. Hispanic/Latino is defined as an ethnicity, not a race, therefore is collected and reported separately.

Date of Birth:

Gender:

Grade:

Classroom Teacher:

Are you a person with an intellectual or developmental disability:

☐ Yes ☐ No ☐ Prefer not to say

Do you want to be matched in a one-to-one friendship (if a match is available)?

☐ Yes ☐ No

Please let us know what accommodations or supports will help you participate in Best Buddies:

Race (check all that apply):

☐ Asian

☐ American Indian or Alaska Native

☐ Black or African American

☐ Middle Eastern or North African

☐ Native Hawaiian or other Pacific Islander

☐ White

☐ Other:

☐ Prefer not to say

Ethnicity: Are you of Hispanic, Latino, or Spanish origin?

☐ Yes ☐ No ☐ Prefer not to say

Caregivers Information

Please provide address if different from member's

Name

E-mail

Phone Number

Street Address

City, State, Zip Code

Employer

Relationship to Applicant

Are you interested in volunteering with the chapter?

☐ Yes ☐ No ☐ Send more information

Emergency Contact

If other than the parent/guardian

Name

Phone Number

E-mail

Media Permission

When participating in Best Buddies, I (or the person I am registering) give consent to be interviewed, photographed, videotaped, or electronically imaged for the purposes of promotional materials, news releases, or other published formats. The images will be the sole property of the local Best Buddies office or Best Buddies International, and may be used for publicity purposes. I hereby release and hold harmless the local Best Buddies office and Best Buddies International from any claim arising from the use of these images.

☐ I wish to opt out at this time.

Member Agreement

I agree to the Best Buddies Member Agreement (bestbuddies.org/member-agreement) and hereby apply for membership with Best Buddies International for the 2025-2026 program year, commencing July 1, 2025 and ending June 30, 2026.

Signature of Member

Date

Signature of Caregiver

Date