Mariposa Clubhouse
TURN
Behavioral Health Services

Membership *Form*

To become a member please complete all questions.

Personal Information

Name : _____ Date of Birth: _____

(First and Last)

Social Security Number: _____

Phone Number: _____

Address: _____

City: _____ Postal Code: _____

Email: _____

Insurance Information

Are you currently recieving Medi-Cal? ☐ YES ☐ NO

Medi-Cal Benefits Identification Card (BIC) _____

Other Insurance: _____

Insurance ID Number: _____ Group Number: _____

Clubhouse Area of Interest

Please check all that you are interested in.

- ☐ Employment Support
- ☐ Education Support
- ☐ Wellness Activities
- ☐ Social/Recreational Activities
- ☐ Life Skills
- ☐ Work Ordered Day (Routine Skills)
- ☐ Administrative/Reception
- ☐ Newsletter
- ☐ Culinary/Cashiering
- ☐ Maintenance/Facilities