



MEMBER ENROLLMENT FORM

Single Membership \$85.00/yr

Married Couples Membership \$130.00/yr

ID Badge \$20 Gym \$50/yr

Please NOTE: The items with an * are qualifiers used in applying for United Way Funding. Please provide all information to help us receive as much funding as possible. This information is confidential and not shared with others.

Title: _____ * Gender: _____ *Date of Birth _____ *Ethnicity _____

Last Name: _____ First Name: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Occupation, Prior or Present: _____ Temple/Church: _____

Emergency Contact: _____ Emerg. Contact Phone: _____

*Are You A Veteran? YES _____ NO _____ *Do You Live With a Disability? YES _____ NO _____

*Number of Persons In Your Household? _____

*Household Income: _____ \$0-\$12,000

_____ \$12,001 - \$50,000

_____ \$50,001 - \$100,000

_____ \$100,001+

Special Skills/Hobbies: _____

Use of Gym Wanted? YES _____ NO _____

Are You A Shepherd's Volunteer? YES _____ NO _____ In What Area/Class? _____

Other Org. or Places Where You Volunteer: _____

of Hours You Volunteer Per Week: _____

FOR OFFICE USE ONLY STATUS: MBR/S _____ MBR/C _____ INSTRUCTOR _____ PROSPECT _____ SCHOLARSHIP _____

GROUP 1 _____ GROUP 2 _____

GROUP 3 _____ GROUP 4 _____

TOTAL PAID AT REGISTRATION \$ _____ AMT PAID ON MEMBERSHIP \$ _____ BADGE FEE \$ _____ GYM FEE \$ _____

CASH ☐ Receipt # _____ CHECK ☐ Check # _____ ☐ QB ☐ FM ☐ Email ☐ PAGE PRINTED

DEBIT/PAYPAL ☐