



## MEMBER ENROLLMENT FORM

Please NOTE: The items with an \* are qualifiers used in applying for grant 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: \_\_\_\_\_

Former or Present Occupation: \_\_\_\_\_

(Please do not list "retired." Tell us what you did.)

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: \_\_\_\_\_

Would you consider being a Shepherd's Ctr. volunteer? YES \_\_\_\_\_ NO \_\_\_\_\_

In What Way Would you Consider Volunteering? \_\_\_\_\_

Other Org. or Places Where You Volunteer: \_\_\_\_\_

# of Hours You Volunteer Per Week: \_\_\_\_\_

### **FOR OFFICE USE ONLY**

☐ QB ☐ FM ☐ EMAIL ☐ PAGE PRINTED ☐ BADGE REQ

STATUS: MBR/S \_\_\_\_\_ MBR/C \_\_\_\_\_ INSTRUCTOR \_\_\_\_\_ PROSPECT \_\_\_\_\_ SCHOLARSHIP \_\_\_\_\_

TOTAL PAID: \_\_\_\_\_ AMT PAID ON MEMBERSHIP \_\_\_\_\_ BADGE FEE \_\_\_\_\_ GYM FEE \_\_\_\_\_

### **Membership Terms and Agreements**

Membership entitles a member to attend any and all classes offered by The Shepherd's Center of Spartanburg. Membership year runs January to December. Dues are payable beginning in January and should be made not later than the 15<sup>th</sup> of the month in which they are due. ***A \$5 late fee will be assessed for all late payments.*** Membership dues are non-refundable and non-transferable.

#### **MEMBERS MAY JOIN FOR THE FULL YEAR OR FOR A QUARTER.**

Quarters are: 1<sup>st</sup> quarter (Jan, Feb, Mar) – payment due Jan 15  
2<sup>nd</sup> quarter (Apr, May, June) – payment due Apr 15  
3<sup>rd</sup> quarter (July, Aug, Sept) – payment due July 15  
4<sup>th</sup> quarter (Oct, Nov, Dec) – payment due Oct 15

**Fee Schedule:** Single Membership: 13.50/month  
May be paid in full annually in January at \$135.00 or quarterly at \$33.75  
Married Couples Membership: \$19.50/month  
May be paid in full annually in January at \$195.00 or quarterly at \$48.75

**IDENTIFICATION BADGE:** \$10 (one-time fee)

All members are required to purchase and carry a micro-chipped identification badge and must sign the attendance record in every class attended. If you lose or damage your badge, you will be asked to purchase the replacement.

**OPTIONAL GYM MEMBERSHIP:** Members are eligible to purchase use of First Presbyterian's indoor walking track and nautilus fitness room at an additional annual fee of \$50/person. This gym membership entitles you to use those facilities only during the days and hours that the Shepherd Center is open. (9am-2pm M-F.) Shepherd's Center is closed in July and December. Gym fees must be paid in full by January 15. Gym membership is not available to scholarship recipients.

**For anyone unable to pay membership dues, scholarships are available** based on financial need. Criteria for scholarship is based on the federal poverty guidelines. Any income at or below 130% of the federal guidelines will qualify for scholarship. If you would like to apply for a scholarship, simply check the box below and include a copy of your recent federal tax return or your social security statement for the current year. **All information provided is kept completely confidential.** Eligibility is based on your adjusted gross income.

☐ I would like to apply for a scholarship to the Shepherd's Center. Enclosed are my financial documents.

#### **130% of 2019 US FEDERAL POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES & DC**

<b>Size of Family Unit</b>	<b>130%</b>
1 person	\$16,237
2 persons	\$21,983
3 persons	\$27,729
4 persons	\$33,475
5 persons	\$39,221
For each additional person add	
\$5,746	