

2023 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.

* Gender: *Date of Birth		
Last Name:	First Name:	
Street Address:		
City, State, Zip:		
Home Phone:	Cell Phone:	
E-Mail Address:		
Former or Present Occupation:		
Emergency Contact:	Emerg. Conta	ct Phone:
*Are You A Veteran? YES NO	*Do You Live With a Disabilit	y? YES NO
*Number of Persons In Your Household?		\$12,001 - \$50,000 \$50,001 - \$100,000
Cassial Chille/Habbine	-	\$100,001+
Special Skills/Hobbies:e Shepherd's Center of Spartanburg from t	time to time uses photographs and	videos of class events to
	time to time uses photographs and	videos of class events to e image, you may request it

Membership Terms and Agreements

Membership entitles a member to attend any and all classes offered by The Shepherd's Center of Spartanburg and use of First Presbyterian Church's indoor walking track and nautilus center during Shepherd Center operating hours. Membership year runs January to December. Membership dues are non-refundable and non-transferable.

<u>Fee Schedule:</u> Membership: \$30/month payable monthly (10 months - closed for July and December), quarterly or yearly. **If paid yearly, member will receive a 10% discount** (all-inclusive includes fitness facility fees).

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.

<u>For anyone unable to pay membership dues, scholarships are available</u> 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. <u>All information provided is kept completely confidential.</u> 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 2022 US FEDERAL POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES & DC

Size of Family Unit	130%
1 person	\$17,667
2 persons	\$23,803
3 persons	\$29,939
4 persons	\$36,075
5 persons	\$42,211
For each additional person add	
\$6,136	