

## **2024 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.

Street Address: City, State, Zip:		First Name:	
City, State, Zip:			
Homo Phono:			
		Cell Phone:	
E-Mail Address:			
Former or Present C	Occupation:		_
Emergency Contact:		Emerg. Contact Phone:	
*Are You A Veteran	? YES NO	*Do You Live With a Disability? YES	NO
Insurance:		Supplemental Insurance:	
(Insurance informat	ion provided will he	lp us to know if you qualify for special programs	s or assistance
such as Silver Sneak	ers, Renew Active, A	Active & Fit and Silver & Fit, which will pay mem	bership fees)
Special Skills/ Hobbi	es:		
Shepherd's Center of	f Spartanburg from	time to time uses photographs and videos of cla	ass events to
•		se media formats but do not like the image, you	
inated from use.		2.7	

Member Signature

FOR OFFICE USE ONLY

Date

 O QB
 FM
 O EMAIL
 O PAGE PRINTED
 O BADGE REQ

 STATUS:
 MBR\_\_\_\_\_\_
 INSTRUCTOR\_\_\_\_\_\_
 SCHOLARSHIP\_\_\_\_\_\_
 BOARD OF DIRECTORS MBR\_\_\_\_\_\_

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

## 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 fitness center during Shepherd Center operating hours. Membership year runs 10 months, January – June and August - November (Shepherd's Center is closed July and 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** (which is equivalent to one month free). Members that qualify for special insurance programs (Silver Sneakers, Renew Active, Active & Fit and Silver & Fit), Shepherd's Center staff will bill monthly to insurance carriers for membership fee.

## **IDENTIFICATION BADGE:** \$10 (one-time fee for new members)

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.

## For anyone unable to pay membership dues or do not qualify for insurance programs, 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. <u>All information provided is kept completely confidential.</u> Eligibility is based on your adjusted gross income. Shepherd's Center staff will verify and approve application based on information provided.

		would	like	to	apply	for	а	scholarship	to	the	Shepherd's	Center.	Enclosed	are	my	financial
doc	um	ients.														

Size of Family Unit	130%
1 person	\$18,954
2 persons	\$25,636
3 persons	\$32,318
4 persons	\$39,000
5 persons	\$45,682
For each additional person add	
\$6,682	

130% of 2023 US FEDERAL POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES & DC