THE GATHERING PLACE
MEMBER APPLICATION

Member Name: _____
First Middle Initial Last

Address: _____

County or city of residence: _____

Phone Number: _____ Date of Birth: _____

Email: _____

Gender (please circle one): Male Female Transgender Unspecified

Number of people living in the home: _____

Please circle the Level (A-G) of the member's gross monthly income.

Gross income per month for	Level A	Level B	Level C	Level D	Level E	Level F	Level G
1 person	$1,304 or less	$1,305 -1,435	$1,436 – 1,738	$1,739 – 2,173	$2,174 – 2,608	$2,609 – 3,260	$3,261 or above
2 people	$1763 or less	$1,764 - 1,939	$1,940 – 2,349	$2,350 – 2,936	$2,937 – 3,525	$3,526 – 4,406	$4,407 or above

Race (check all that apply)

__ American Indian or Alaska Native
__ Asian or Asian American
__ Black or African American
__ Native Hawaiian or Other Pacific Islander
__ White

Ethnicity

__ Hispanic/Latino
__ Not Hispanic/Latino

Emergency Contact Information

Emergency Contact #1

Name: _____

Relationship: _____

Address: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Emergency Contact #2

Name:

_____

Relationship: _____

Address: _____

Work Phone: _____

Cell Phone:_____

Email:_____