THE GATHERING PLACE
MEMBER APPLICATION

Member Name: _____
First Middle Initial Last

Address: _____

City, State and Zip Code: _____

County or City of Residence: _____

Phone Number: _____ Date of Birth: _____

Email: _____

Gender - please check one: ☐ Male ☐ Female ☐ Transgender ☐ Unspecified

Number of people living in the home: _____

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

Gross Income Per Month	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	☐ $3,260 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: _____

City, State, Zip: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Emergency Contact #2

Name: _____

Relationship: _____

Address: _____

City, State, Zip: _____

Work Phone: _____

Cell Phone: _____

Email: _____