Membership Roster

Center _____ **Month/Year** 20__

Sponsor _____

Date Enrollment Form/Income Application Signed	Eligibility	Participant Name (Last,First)	October	November	December	January	February	March	April	May	June	July	August	September	Participant's Date of Withdrawal
		Totals:													
F=Free		If a participant qualifies for attendance for the month, place either a F, R or P under the appropriate column **F**													
R=Reduced		**R**													
P=Paid		**P**													

**CFR 226.15 (e)(3)*