

Membership Application

ADULT AND FAMILY MEMBERSHIP INFORMATION

Use this section for individual adult, senior, or family memberships. To qualify for family membership, second adult and household members must reside in same household with primary adult.

MEMBERSHIP TYPE

DATE (MM/DD/YY)

CHOOSE YOUR MEMBERSHIP TYPE(S):

- ADULT SENIOR
 TEEN YOUTH
 FAMILY I (UP TO 5 MEMBERS)
 FAMILY II (MORE THAN 5 MEMBERS)

CHOOSE ONE MEMBERSHIP PLAN:

- SILVER GOLD

EMERGENCY CONTACT INFORMATION

FIRST NAME

LAST NAME

CELL PHONE

ALTERNATE PHONE

OPTIONAL INFORMATION

Thank you for providing the following information. This helps us develop quality services and programming that fits the needs of the local community.

1. HOW DID YOU HEAR ABOUT THE SALVATION ARMY KROC CENTER?

- NEWSPAPER ONLINE
 DIRECT MAIL EVENT
 FLYER TV
 RADIO

OTHER:

2. WHAT PROGRAMS ARE YOU MOST INTERESTED IN:

- AQUATICS COMPUTER
 DANCE FITNESS
 ARTS DAY CAMP
 MUSIC SPORTS
 THEATER AFTER-SCHOOL

OTHER:

3. ARE YOU INTERESTED IN VOLUNTEERING?

- YES NO

INTERESTS/SKILLS:

PRIMARY ADULT

NAME (FIRST, MIDDLE, LAST)

CELL

WORK PHONE

#

EMAIL

BIRTHDATE

MALE FEMALE

SECOND ADULT

NAME (FIRST, MIDDLE, LAST)

CELL

WORK PHONE

#

EMAIL

BIRTHDATE

MALE FEMALE

HOUSEHOLD INFORMATION

ADDRESS

CITY

STATE

ZIP

HOME PHONE

ADDITIONAL HOUSEHOLD MEMBERS LISTED ON MEMBERSHIP

(please attach additional form for more household members)

#1 HOUSEHOLD MEMBER: NAME (FIRST, MIDDLE, LAST)

BIRTHDATE (MM/DD/YY)

MALE FEMALE

#

RELATIONSHIP TO PRIMARY ADULT

#2 HOUSEHOLD MEMBER: NAME (FIRST, MIDDLE, LAST)

BIRTHDATE (MM/DD/YY)

MALE FEMALE

#

RELATIONSHIP TO PRIMARY ADULT

#3 HOUSEHOLD MEMBER: NAME (FIRST, MIDDLE, LAST)

BIRTHDATE (MM/DD/YY)

MALE FEMALE

#

RELATIONSHIP TO PRIMARY ADULT

YOUTH AND TEEN MEMBERSHIP

(Use this section for individual youth or teen memberships)

MEMBER INFORMATION

NAME (FIRST, MIDDLE, LAST)

#

BIRTHDATE (MM/DD/YY)

MALE FEMALE

HOUSEHOLD INFORMATION

ADDRESS

CITY

STATE

ZIP

HOME PHONE

GUARDIAN INFORMATION

GUARDIAN #1 (FIRST/LAST)

CELL PHONE

WORK PHONE

GUARDIAN #2 (FIRST/LAST)

CELL PHONE

WORK PHONE

MEMBERSHIP PAYMENT INFORMATION

The goal of The Salvation Army Kroc Center is to offer convenient payment methods. Please choose between the options listed below.

I PREFER MONTHLY PAYMENTS

OPT 1: AUTOMATIC MONTHLY ON VISA/MASTERCARD

I authorize The Salvation Army Ray & Joan Kroc Center to charge my credit card monthly indicated below. This is an automatic withdrawal system where payment of membership dues are regularly charged to the member's bankcard around the 20th of each month—for the next month's dues.

VISA MASTERCARD

NAME (AS IT APPEARS ON CARD) _____

BILLING ADDRESS _____

CARD NUMBER _____

EXPIRATION DATE (MM/DD/YY) _____

SIGNATURE

DATE _____

OPT 2: MONTHLY ELECTRONIC FUNDS TRANSFER

By signing, I give The Salvation Army Kroc Center authorization to deduct monthly dues directly from the provided bank account at my financial institution. The Salvation Army Kroc Center also reserves the right to deduct any amount past due from the same account. I understand that all debits from my bank account will be conducted around the 20th of the current month for the next month regardless of date joined. Any debit request in process at the time we receive the notice of termination of authority will be completed. This authorization is to remain in full force and effect until The Salvation Army Kroc Center has received written notification from me of its termination in such time and in such manner as to afford The Salvation Army Kroc Center and any involved financial institutions a reasonable opportunity to act on it (minimum of 15 business days).

NAME OF BANK ACCOUNT HOLDER _____

BANK NAME _____

ACCOUNT # _____

TRANSIT/ABA NO. (FIRST 9 DIGITS ON CHECK) _____

SIGNATURE

DATE _____

PLEASE PROVIDE VOIDED CHECK WITH THIS APPLICATION.

TERMS OF MEMBERSHIP

By signing this Membership Application, I (we) agree to the following: (1) member and any guests in his/her party will abide by the terms of this Agreement at all times during the period of membership and will comply with all rules and regulations posted or otherwise communicated to member, (2) in case of illness or injury, The Salvation Army Kroc Center is authorized to secure emergency medical treatment at the member's expense, (3) The Salvation Army Kroc Center reserves the right to remove from the facility or terminate the membership of any member who fails to comply with any posted rules and regulations or otherwise breaches the terms of this Agreement, in which case member will not be entitled to a refund of dues, (4) membership rights are not transferable, and (5) **grant permission for The Salvation Army Kroc Center to make visual recordings of all individuals listed on this form for its responsible use.**

LIABILITY WAIVER - I understand that use of the facilities and equipment at The Salvation Army Kroc Center may involve risk of bodily injury or property damage and I agree to assume any such risks. I understand that it is up to me to consult physicians and other professionals to make sure that I can safely participate in activities and events at The Salvation Army Kroc Center. I also understand and agree that by signing this Agreement, I am giving up my (or the minor for whom I sign) right to make any claim against The Salvation Army, its agents, employees and volunteers, including the right to sue them, for bodily injury or property damage or any other loss that I might suffer while using The Salvation Army Kroc Center facilities and services, except as limited by law.

NOTICE - In order to promote a safe and secure environment, The Salvation Army Kroc Center has placed video cameras in various locations. As part of our commitment to the safety of children and vulnerable persons, The Salvation Army Kroc Center reserves the right to consult public sources to determine whether any member or guest of any member poses an unreasonable risk of harm to its patrons, staff, or visitors.

I understand my first automatic payment is on: _____ MEMBER INITIALS: _____

I understand any changes submitted after the 10th of the month will be effective the following month. MEMBER INITIALS: _____

MEMBER SIGNATURE _____

DATE _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____

I PREFER ANNUAL PAYMENTS

Member pays twelve (12) months of dues in one payment. Your expiration date will be one year from your joining date. Near the expiration of your current membership term, we will send you a renewal notice including the amount of dues for the next 12 month term.

Annual payments are non-refundable. MEMBER INITIALS: _____

CASH

GIFT CERTIFICATE

MONEY ORDER (MAKE PAYABLE TO THE SALVATION ARMY KROC CENTER)

CHECK

CHECK NUMBER _____

OR

VISA

MASTERCARD

NAME (AS IT APPEARS ON CARD) _____

BILLING ADDRESS _____

CARD NUMBER _____

EXPIRATION DATE (MM/DD/YY) _____

SIGNATURE

DATE _____

SCHOLARSHIP DONATIONS

Help a deserving individual in the community reach their potential by donating an amount of your choice to The Salvation Army Kroc Center Scholarship Program. This donation is tax-deductible.

YES, I WOULD LIKE TO HELP. I WOULD LIKE TO MAKE A DONATION OF

\$ _____ ONE-TIME GIFT

\$ _____ PER MONTH IN ADDITION TO MY MONTHLY DUES

NO, I DO NOT WANT TO PARTICIPATE AT THIS TIME.

FOR INTERNAL USE ONLY: ACCEPTED BY

ENTERED BY _____

DATE _____

INITIAL PAYMENT:

\$ _____