

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.

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)

AGE

MALE

FEMALE

RELATIONSHIP TO PRIMARY ADULT

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

BIRTHDATE (MM/DD/YY)

AGE

MALE

FEMALE

RELATIONSHIP TO PRIMARY ADULT

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

BIRTHDATE (MM/DD/YY)

AGE

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)

AGE

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 TYPE

DATE (MM/DD/YY)

CHOOSE YOUR MEMBERSHIP TYPE:

SENIOR (65+)

ADULT (25-64)

YOUNG ADULT (18-24)

YOUTH (12-17)

FAMILY I (UP TO 5 MEMBERS)

FAMILY II (6 OR MORE 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

OTHER _____

3. ARE YOU INTERESTED IN VOLUNTEERING?

YES

NO

INTERESTS/SKILLS:

4. PLACE OF EMPLOYMENT?

MEMBERSHIP PAYMENT INFORMATION

INTERNAL USE:
ATTACH RECEIPT

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.

Membership fees and dues are non-refundable. I understand my first automatic payment is on: _____ **MEMBER INITIALS:** _____

VISA MASTERCARD

NAME (AS IT APPEARS ON CARD) _____

BILLING ADDRESS _____

CITY, STATE, ZIP _____

CARD # _____

EXPIRATION DATE (MM/YY) _____

SIGNATURE _____

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 CHECK CHECK # _____
 MONEY ORDER (MAKE PAYABLE TO "THE SALVATION ARMY KROC CENTER")

OR VISA MASTERCARD

NAME (AS IT APPEARS ON CARD) _____

BILLING ADDRESS _____

CITY, STATE, ZIP _____

CARD # _____

EXPIRATION DATE (MM/YY) _____

SIGNATURE _____

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

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

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. "If The Salvation Army has actual knowledge that an individual is a registered sex offender, such individual shall be denied access to the Ray and Joan Kroc Corps Community Center ("RJKCCC"). By signature on this document, I represent to The Salvation Army, that neither I, nor any of my guests, which may from time to time attend the RJKCCC are to my knowledge registered sex offenders in any legal jurisdiction and that furthermore, I have an affirmative duty to The Salvation Army to immediately disclose to The Salvation Army any change in my knowledge of the registered sex offender status for myself or any of my guests who may from time to time seek admittance at the RJKCCC pursuant to this Agreement." **MEMBER INITIALS:** _____

Membership fees and dues are non-refundable. I understand my first automatic payment is on: _____ **MEMBER INITIALS:** _____

Membership cancellations or changes to automatic payment must be submitted by the 10th of the month to be effective for the following auto payment. MEMBER INITIALS: _____

MEMBER SIGNATURE _____

DATE _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____

FOR INTERNAL USE ONLY: ACCEPTED BY

ENTERED BY _____

DATE _____

INITIAL PAYMENT:

\$ _____