

# Membership Application

- REGULAR
- CORPORATE



## ADULT AND FAMILY MEMBERSHIP INFORMATION

Use this section for individual, senior and family memberships. To qualify for a family membership, the following must apply: One or two adults living in a household (second adult must be the spouse or significant other of the first) with their dependents who are eligible up to the age of 24. At age 25, an individual with a disability or an elderly parent who is living in the same household will remain eligible for the family membership. Verification of family status and residency may be required.

### PRIMARY ADULT

NAME (FIRST, MIDDLE, LAST)

CELL

# EMAIL BIRTHDATE  MALE  FEMALE

### SECOND ADULT

NAME (FIRST, MIDDLE, LAST)

RELATIONSHIP TO PRIMARY ADULT

CELL

# EMAIL BIRTHDATE  MALE  FEMALE

## HOUSEHOLD INFORMATION

ADDRESS

CITY STATE ZIP

## 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

## MEMBER TYPE

DATE (MM/DD/YY)

CHOOSE YOUR MEMBERSHIP TYPE:

- SENIOR (62+)  SENIOR COUPLE (62+)
- ADULT (25-61)  YOUNG ADULT (11-24)
- FAMILY: 3 MEMBERS OR LESS
- FAMILY: 5 MEMBERS OR LESS
- FAMILY: 6 OR MORE MEMBERS

PLACE OF EMPLOYMENT?

## EMERGENCY CONTACT INFORMATION

FIRST NAME

LAST NAME

RELATIONSHIP

CELL 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 US?

- 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOR INTERNAL USE ONLY

ENTERED BY (INITIAL): \_\_\_\_\_

# Membership Application



INTERNAL USE:  
ATTACH RECEIPT

## MEMBERSHIP PAYMENT INFORMATION

### AUTOMATIC MONTHLY ON CREDIT/DEBIT

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 1st of each month—for that month's dues.

VISA       MASTERCARD       DISCOVER

NAME (AS IT APPEARS ON CARD) \_\_\_\_\_

CARD # \_\_\_\_\_

EXPIRATION DATE (MM/YY) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

### PAYMENT DATES

Please read and initial the following statements.

\_\_\_\_\_ Membership fees and dues are non-refundable. I understand my first automatic payment is on: \_\_\_\_\_

\_\_\_\_\_ Automatic payments will be charged on the 1st of every month.

\_\_\_\_\_ Membership cancellations or changes to automatic payment must be submitted by the 10th of the month to be effective for the following auto payment.

\_\_\_\_\_ If membership payments lapse for more than 30 days, the appropriate registration fee will be charged to reopen the membership account.

## 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, or exposure to contagion (including COVID-19), 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, property damage, illness 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: \_\_\_\_\_

MEMBER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

FOR INTERNAL USE ONLY: ACCEPTED BY

ENTERED BY \_\_\_\_\_

DATE \_\_\_\_\_

INITIAL PAYMENT:

\$ \_\_\_\_\_