

Membership Application

(Please Print)



MEMBERSHIP INFORMATION

#1 - PRIMARY ADULT OR GUARDIAN (Person Responsible For Payment) MALE FEMALE

NAME (First, Middle, Last) _____

CELL _____ WORK PHONE _____

E-MAIL _____ BIRTHDATE (MM/DD/YY) _____

ADDRESS/FAMILY INFORMATION

ADDRESS _____ APT# _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

FAMILY / YOUTH MEMBERSHIP INFORMATION

To qualify for a Family Membership, all members must reside in the same household as the primary adult AND all adults must show proof of address. Family Membership includes up to 5 people. However, additional people may be added to a Family membership for a small monthly fee, see below.

#2 - FAMILY MEMBER (if applying for a Family Membership) MALE FEMALE
OR YOUTH MEMBER (if applying for a Youth Membership)

NAME (First, Middle, Last) _____

CELL _____ BIRTHDATE (MM/DD/YY) _____

RELATIONSHIP TO PRIMARY ADULT _____

#3 - FAMILY MEMBER MALE FEMALE

NAME (First, Middle, Last) _____

CELL _____ BIRTHDATE (MM/DD/YY) _____

RELATIONSHIP TO PRIMARY ADULT _____

#4 - FAMILY MEMBER MALE FEMALE

NAME (First, Middle, Last) _____

CELL _____ BIRTHDATE (MM/DD/YY) _____

RELATIONSHIP TO PRIMARY ADULT _____

#5 - FAMILY MEMBER MALE FEMALE

NAME (First, Middle, Last) _____

CELL _____ BIRTHDATE (MM/DD/YY) _____

RELATIONSHIP TO PRIMARY ADULT _____

ADDITIONAL FAMILY MEMBERS

Each additional person is \$12 per month, up to 8 Family Members.

#6 – ADDITIONAL FAMILY MEMBER MALE FEMALE

NAME (First, Middle, Last) _____

CELL _____ BIRTHDATE (MM/DD/YY) _____

RELATIONSHIP TO PRIMARY ADULT _____

#7 – ADDITIONAL FAMILY MEMBER MALE FEMALE

NAME (First, Middle, Last) _____

CELL _____ BIRTHDATE (MM/DD/YY) _____

RELATIONSHIP TO PRIMARY ADULT _____

#8 - ADDITIONAL FAMILY MEMBER MALE FEMALE

NAME (First, Middle, Last) _____

CELL _____ BIRTHDATE (MM/DD/YY) _____

RELATIONSHIP TO PRIMARY ADULT _____

DATE (MM/DD/YY) _____

MEMBERSHIP TYPE

MEMBERSHIP PLAN / PAYMENT TERMS

(Select One)

- 1-MONTH / Pay in Full
- ANNUAL / Pay in Full
- ANNUAL / Monthly EFT Payments

MEMBERSHIP TYPE

(Select One)

- YOUTH..... (Ages 1-11)
- TEEN..... (Ages 12-18)
- ADULT (Ages 19-61)
- SENIOR (Ages 62+)
- FAMILY (Up To 5 Individuals)

EMERGENCY CONTACT INFORMATION

FIRST NAME _____

LAST NAME _____

RELATIONSHIP _____

WORK PHONE _____

CELL _____

ADDITIONAL INFORMATION

Help us develop quality services and programming by providing the following information. **Thank you.**

1. Preferred language of written communication:
 English Spanish No Preference

2. How did you hear about The Salvation Army Kroc Center?

- Newspaper Website / Online
- Direct Mail Event
- Flyer T.V.
- Radio Member Referral
- Other
- Unknown

3. WHAT PROGRAMS ARE YOU MOST INTERESTED IN?

- Aquatics Computer
- Dance Fitness
- Art Day Camp
- Music Sports
- Theatre After-School
- Other

4. Ethnic Origin (Optional):

- Hispanic or Latino
- White (not Hispanic or Latino)
- Asian
- African-American
- Native Hawaiian or Pacific Islander

OFFICE USE Membership # _____

OFFICE USE	Today's Dues \$ _____
	Registration Fee \$ _____
	Add'l Member Fee (\$10 x #) \$ _____
	Monthly Dues \$ _____

PAYMENT OPTIONS

The goal of The Salvation Army Kroc Center is to offer convenient payment methods. Please review the payment terms for the membership type you are applying for: 1-MONTH or ANNUAL.

1-MONTH MEMBERSHIP

- Member pays for 1 month of dues in one payment up front. Membership does not automatically renew. Member may upgrade to an Annual Membership before your 1-Month Membership expires, the Annual registration fee will be waived. Member understands that this membership must be renewed monthly or a reactivation/registration fee will apply after the 7 day grace period.

Member Initials: _____

OFFICE USE	MEMBERSHIP EXPIRATION DATE:
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ANNUAL MEMBERSHIP

Please choose between the two payments options listed below.

- I PREFER AN ANNUAL PAYMENT (Does not automatically renew)**
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 for the next 12 month term.

Member Initials: _____

OFFICE USE	MEMBERSHIP EXPIRATION DATE:
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- I PREFER MONTHLY PAYMENTS (Automatically renews)**

Member pays monthly via an electronic withdrawal payment plan. The monthly payment may be drawn from a credit card or electronically transferred (EFT) from a checking or savings account. Monthly payments may NOT be made in cash. A \$10 Late Fee will be assessed for payments that do not process as scheduled for memberships that are allowed to expire at the end of the month.

By signing, I give The Salvation Army Kroc Center authorization to deduct monthly dues directly from the account listed below. I understand that all withdrawals will be conducted on the 20th of each month regardless of date joined. **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.** Any credit card or debit request in process at the time we receive the notice of termination will be completed. **Member Initials:** _____

Select your monthly payment type:

CREDIT CARD

- MasterCard VISA Discover

NAME (as it appears on credit card): _____

BILLING ADDRESS _____

CARD NUMBER _____

EXPIRATION DATE (MM/DD/YY) _____

CVV _____

SIGNATURE _____

DATE _____

CHECKING/SAVINGS (EFT): Provide voided check with this application.

NAME (of bank account holder): _____

BANK NAME _____

ACCOUNT # _____

TRANSIT/ABA # (first 9 digits on check) _____

SIGNATURE _____

DATE _____

MEMBER SIGNATURE _____

DATE _____

PARENT / GUARDIAN SIGNATURE _____

DATE _____

OFFICE USE Entered by: _____

Date: _____

DONATIONS

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

- YES, I would like to help. I would like to make a donation towards:

Scholarships Program Sponsorship Area of Greatest Need

With a: \$ _____ One-Time Gift / Annual Gift

\$ _____ PER MONTH in addition to my monthly dues

- NO, I do not want to participate at this time.

— Additional information is available at the Welcome Desk. —

PHOTO RELEASE

Pictures are sometimes taken for newspaper, television or other media to be used for educational, advertising or publicity purposes. I hereby give my permission for all those listed on this application form to be photographed, and for the photographs to be used for the above purposes.

YES NO - Name(s) of Refusal: _____

LIABILITY GUIDELINES

By signing this membership application, I (we) agree to the following: (1) member and any guest(s) 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 the 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 the member will not be entitled to a refund of dues, and (4) membership rights are not transferable. **Member Initials:** _____

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 right (and/or the right of the minor(s) for whom I sign) to make any claim against The Salvation Army Kroc Center, 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. 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 signing this document, I represent to The Salvation Army, that neither I, nor anyone I am signing on the behalf of, are 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 registered sex offender status for myself or anyone I am signing for who seeks admittance at the RJKCCC. **Member Initials:** _____

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. **Member Initials:** _____

RETURNED CHECK / ELECTRONIC FUNDS TRANSFER POLICY - There is a \$30 charge for each non-sufficient funds transaction. This places your membership on hold until payment is received. **Member Initials:** _____

CANCELLATION POLICY - Membership fees are non-refundable. In order to cancel or make a change to a membership agreement, the Primary Member must fill out a Membership Account Change Form by the 10th day of the current month for it to be effective in the same month. If submitted after the 10th of the month, it will not be effective until the end of the following month. If you cancel your membership or it has expired, registration fees will apply for renewal. **Member Initials:** _____