

# 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

\*By providing your email, you are giving The Salvation Army Kroc Center permission to contact you with information and updates. Your email is not shared with third parties.

## 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.)

Youth age 11 & under must be supervised by an adult member at all times)

### 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 TYPE

DATE (MM/DD/YY)

CHOOSE YOUR MEMBERSHIP TYPE(S):

- ADULT  GOLDEN AGER  
 TEEN  YOUTH  
 FAMILY (UP TO 5 MEMBERS)  
 FAMILY (MORE THAN 5 MEMBERS)

CHOOSE ONE MEMBERSHIP PLAN:

- SILVER  GOLD  
 CORPORATE  INSURANCE

#

## 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  SOCIAL MEDIA

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

**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 on the 1st of each month—for that month's membership dues.

VISA  MASTERCARD

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

BILLING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

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

CVC # \_\_\_\_\_

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

MONEY ORDER (make payable to The Salvation Army Kroc Center)

CHECK

CHECK # \_\_\_\_\_

**CORPORATE PAYROLL DEDUCTION****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 on the 1st of the month, for that month's membership dues, 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 10 days).

NAME OF BANK ACCOUNT HOLDER \_\_\_\_\_

BANK NAME \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

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

**SIGNATURE** \_\_\_\_\_

**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 is a 12-month contract. All members on auto-pay will have membership fees withdrawn on the 1st of the month. If payment is declined, the membership fee will run again on the 10th of the month. **A \*50 cancellation fee will be assessed if contract is terminated before the 12 months occur,** (5) membership rights are not transferable, and **(6) grant permission for The Salvation Army Kroc Center to make visual recordings of all individuals listed on this form for its responsible use.**

**NOTE:** Any requested change that affects the billing of your membership must be submitted by the 20th of the month prior to the billing month to be processed for the following month. If changes occur after the 20th of the month, you will receive a pro-rated amount. Membership downgrades and removal of family members are subject to a \$30 change fee.

**LIABILITY WAIVER** - I understand that use of the facilities and equipment at The Salvation Army Kroc Center may involve risk of bodily injury, 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 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.

**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**

**\$** \_\_\_\_\_

INTERNAL USE: ATTACH VOIDED CHECK