

Membership Application



ADULT AND FAMILY MEMBERSHIP INFORMATION

Use this section for individual adult, senior, full-time student, 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 (18-59 YEARS)
- YOUTH (0-17 YEARS)
- SENIOR (60+ YEARS)
- SINGLE PARENT FAMILY (UP TO 5 MEMBERS)
- SINGLE PARENT FAMILY (MORE THAN 5 MEMBERS)
- FAMILY (UP TO 5 MEMBERS)
- FAMILY (MORE THAN 5 MEMBERS)

CHOOSE ONE MEMBERSHIP PLAN:

- COMMUNITY
- PREMIUM

CHOOSE ONE PAYMENT PLAN: (PAYMENT PLAN OPTIONS ON SIDE 2)

- ANNUAL
- MONTH-TO-MONTH

EMERGENCY CONTACT INFORMATION (REQUIRED)

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
- RADIO
- DIRECT MAIL
- EVENT
- WORD OF MOUTH
- FLYER
- TV

OTHER:

2. WHAT PROGRAMS ARE YOU MOST INTERESTED IN:

- AFTER-SCHOOL
- THEATER
- ARTS
- COMPUTER
- AQUATICS
- FITNESS
- CHURCH
- DAY CAMP
- DANCE
- SPORTS
- SKATEBOARDING
- SENIOR ACTIVITIES
- MUSIC
- OTHER:

3. ARE YOU INTERESTED IN VOLUNTEERING?

- YES
- NO

INTERESTS/SKILLS:

PRIMARY ADULT

NAME (FIRST, MIDDLE, LAST)

PRIMARY PHONE

ALT PHONE

E-MAIL

BIRTHDATE

MALE FEMALE

I WANT TO RECEIVE E-MAILS ABOUT UPCOMING KROC CENTER EVENTS AND PROMOTIONS.

SECOND ADULT

NAME (FIRST, MIDDLE, LAST)

PRIMARY PHONE

ALT PHONE

E-MAIL

BIRTHDATE

MALE FEMALE

I WANT TO RECEIVE E-MAILS ABOUT UPCOMING KROC CENTER EVENTS AND PROMOTIONS.

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 MEMBERSHIP INFORMATION

Use this section for individual youth 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/MC/DISCOVER

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. 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 business days).

NAME (AS IT APPEARS ON CARD) _____

SIGNATURE _____

DATE _____

OPT 2: MONTH-TO-MONTH (WALK-IN PAYMENTS)

Member pays the first month of dues and registration fee at the time of joining, then pays dues on a month-to-month basis. Staff at the Kroc Welcome Desk will inform you when your membership has expired and it's time for a renewal payment, or you may keep track and pay in advance.

INITIAL HERE I understand my membership will automatically cancel if I haven't renewed after 90 days of inactivity. Current registration fees will apply for reapplication of a cancelled membership.

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.

INITIAL HERE I understand annual payments are non-refundable.

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; code of conduct and facility rules/policies covered under this Agreement are available for review online at krocscf.org, (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.

CONSENT TO TAKE AND PUBLISH PHOTOGRAPHS, VIDEO, AUDIO, AND MEDIA RECORDINGS - I hereby grant The Salvation Army, its agents and those by whom it is commissioned, unrestricted and unlimited license, right, permission, and consent to use and reuse, copyright, print, reproduce, publish, and republish, for any and all trade purposes or commercial or other advertising or public purposes, said media usage depicting me or a minor for whom I have legal responsibility. I warrant that I have not limited or restricted the use of my name or photograph to the use of any organization or person.

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.

AGREEMENT - 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 cancellations or changes to automatic payment must be submitted in writing by the 10th of the month to be effective for the following auto payment. Membership fees and dues are non-refundable. I understand my first automatic payment is on: _____ MEMBER INITIALS: _____

MEMBER/PARENT/GUARDIAN SIGNATURE _____

DATE _____

FOR INTERNAL USE ONLY: ACCEPTED BY _____

DATE _____

PAYMENT TOTAL:

ENTERED BY _____

DATE _____

\$ _____

OPT 3: AUTO 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. I understand that all debits from my bank account will be conducted around the 20th of the current month for the next month. 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 business days).

NAME OF BANK ACCOUNT HOLDER _____

BANK NAME _____

ACCOUNT # _____

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

SIGNATURE _____

DATE _____

FOR OPTION 3, PLEASE PROVIDE A VOIDED CHECK WITH THIS APPLICATION

SCHOLARSHIP DONATIONS

You can share the Kroc Center with those in need! Simply add a small donation for the Kroc Scholarship Fund to your monthly membership transaction:

- YES, I WOULD LIKE TO MAKE A MONTHLY DONATION OF
 \$1 \$3 \$_____ EACH MONTH. I UNDERSTAND THIS IS TAX-DEDUCTIBLE GIFT THAT WILL BE ADDED TO MY MEMBERSHIP TRANSACTION.
- NO, THANKS.