

# 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) \_\_\_\_\_

PRIMARY PHONE ( ) \_\_\_\_\_ ALTERNATE PHONE ( ) \_\_\_\_\_

EMAIL \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  MALE  FEMALE

### SECOND ADULT

NAME (FIRST, MIDDLE, LAST) \_\_\_\_\_

PRIMARY PHONE ( ) \_\_\_\_\_ ALTERNATE PHONE ( ) \_\_\_\_\_

EMAIL \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  MALE  FEMALE

### HOUSEHOLD INFORMATION

ADDRESS \_\_\_\_\_

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

HOME PHONE ( ) \_\_\_\_\_

### ADDITIONAL HOUSEHOLD MEMBERS LISTED ON MEMBERSHIP

#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 \_\_\_\_\_

#4 HOUSEHOLD MEMBER: NAME (FIRST, MIDDLE, LAST) \_\_\_\_\_

BIRTHDATE (MM/DD/YY) \_\_\_\_\_  MALE  FEMALE

RELATIONSHIP TO PRIMARY ADULT \_\_\_\_\_

## YOUTH AND TEEN MEMBERSHIP (17 YEARS AND YOUNGER)

(Use this section for individual youth or teen 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 TYPE

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

CHOOSE YOUR MEMBERSHIP TYPE:

- ADULT  SENIOR  SINGLE PARENT FAMILY  
 TEEN  YOUTH  SENIOR FAMILY  
 FAMILY (UP TO 5 MEMBERS)

\*Additional cost required for more than 5 people

CHOOSE ONE MEMBERSHIP PLAN:

- KROC  KROC TENNIS  
 KROC PLUS

## EMERGENCY CONTACT INFORMATION

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

PRIMARY PHONE ( ) \_\_\_\_\_

ALTERNATE PHONE ( ) \_\_\_\_\_

RELATIONSHIP TO PRIMARY ADULT \_\_\_\_\_

## 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? (check below)

- NEWSPAPER  ONLINE  
 DIRECT MAIL  EVENT  
 FLYER  TV  
 RADIO

OTHER: \_\_\_\_\_

2. WHAT PROGRAMS ARE YOU MOST INTERESTED IN: (check below)

- AQUATICS  COMPUTER  
 DANCE  FITNESS  
 ARTS  DAY CAMP  
 MUSIC  SPORTS  
 THEATRE  AFTER-SCHOOL  
 CHURCH  TENNIS  
 BOYS & GIRLS CLUB

OTHER: \_\_\_\_\_

3. ARE YOU INTERESTED IN VOLUNTEERING?

- YES  NO

INTERESTS/SKILLS: \_\_\_\_\_

4. HOUSEHOLD INCOME

- UNDER 10,000  10,000 - 24,000  
 25,000 - 49,999  50,000 - 74,999  
 75,000 - 99,999  OVER 100,000

5. HOUSEHOLD ETHNICITY

- WHITE/CAUCASIAN  ASIAN/PACIFIC ISLANDER  
 AFRICAN AMERICAN  NATIVE AMERICAN  
 HISPANIC/LATINO  OTHER

## 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 the 20th of each month-for the next month's dues.

VISA                       MASTERCARD

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

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

CARD NUMBER \_\_\_\_\_

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

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

#### 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 the bank account will be conducted the 20th of the current month for the next month 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 15 business days).

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

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

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

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

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**PLEASE PROVIDE VOIDED CHECK WITH THIS APPLICATION**

### OPT 3: 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 payment qualifies you for a 10% discount.

Annual payments are non-refundable. **MEMBER INITIALS:** \_\_\_\_\_

CASH

GIFT CERTIFICATE

MONEY ORDER (MAKE PAYABLE TO THE SALVATION ARMY KROC CENTER)

CHECK

CHECK NUMBER \_\_\_\_\_

OR  VISA

MASTERCARD

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

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

CARD NUMBER \_\_\_\_\_

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

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

#### AGREEMENTS FOR MONTHLY CHARGES:

**I understand that on the 20<sup>th</sup> of every month I will be automatically charged for the following month's payment.**

MEMBER INITIALS: \_\_\_\_\_

**I understand I must give notice by the 10<sup>th</sup> of the month to cancel my monthly membership payments before the next charge.**

MEMBER INITIALS: \_\_\_\_\_

**My first automatic charge date will be:** \_\_\_\_ / 20 / \_\_\_\_

#### KROC CARES SCHOLARSHIP PROGRAM

Help a deserving individual in the community reach their potential by donating to the Kroc Cares Fund.

- YES, I would like to make a donation of \$ \_\_\_\_\_.
- No, I do not wish to donate at this time.

LIST SPECIFIC AREAS OF INTEREST/QUESTIONS BELOW FOR FOLLOW UP:

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

## 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 invoke 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.

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

DATE \_\_\_\_\_

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

DATE \_\_\_\_\_

FOR INTERNAL USE ONLY: ACCEPTED BY \_\_\_\_\_

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

DATE \_\_\_\_\_

INITIAL PAYMENT:

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