



Membership Application

• ADULT MEMBERSHIP / GUARDIAN(S) - REQUIRED

This section is required for all membership types. Also use this section for individual memberships

PRIMARY ADULT or GUARDIAN #1 (Person Responsible for Payment)

NAME (FIRST, MIDDLE, LAST) _____ MALE FEMALE

CELL # _____ WORK # _____ BIRTHDATE (MM/DD/YY) _____

E-MAIL _____ Agree to EMAIL CONSENT* YES NO

OFFICE USE ONLY - Adults must present a valid form of identification.

IDENTIFICATION # (Required): _____ SS DL PASSPORT

STAFF VERIFICATION Initials: _____ Date: _____

PRIMARY ADULT or GUARDIAN #2

NAME (FIRST, MIDDLE, LAST) _____ MALE FEMALE

CELL # _____ WORK # _____ BIRTHDATE (MM/DD/YY) _____

E-MAIL _____ Agree to EMAIL CONSENT* YES NO

OFFICE USE ONLY - Adults must present a valid form of identification.

IDENTIFICATION # (Required): _____ SS DL PASSPORT

STAFF VERIFICATION Initials: _____ Date: _____

HOUSEHOLD INFORMATION

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME # _____

• FAMILY MEMBERSHIP

Use this section for family memberships. To qualify for a family membership, all members must be dependents of the primary adult(s). Verification of home address may be required. Limit four adults per family membership. Minor Dependent Membership Definitions apply (see Program Guide Membership section for details).

ADDITIONAL FAMILY MEMBERS LISTED ON MEMBERSHIP - Please attach an additional form for more family members.

#1 NAME (FIRST, MIDDLE, LAST) _____ MALE FEMALE

BIRTHDATE (MM/DD/YY) _____ RELATIONSHIP TO PRIMARY ADULT _____

#2 NAME (FIRST, MIDDLE, LAST) _____ MALE FEMALE

BIRTHDATE (MM/DD/YY) _____ RELATIONSHIP TO PRIMARY ADULT _____

#3 NAME (FIRST, MIDDLE, LAST) _____ MALE FEMALE

BIRTHDATE (MM/DD/YY) _____ RELATIONSHIP TO PRIMARY ADULT _____

#4 NAME (FIRST, MIDDLE, LAST) _____ MALE FEMALE

BIRTHDATE (MM/DD/YY) _____ RELATIONSHIP TO PRIMARY ADULT _____

#5 NAME (FIRST, MIDDLE, LAST) _____ MALE FEMALE

BIRTHDATE (MM/DD/YY) _____ RELATIONSHIP TO PRIMARY ADULT _____

#6 NAME (FIRST, MIDDLE, LAST) _____ MALE FEMALE

BIRTHDATE (MM/DD/YY) _____ RELATIONSHIP TO PRIMARY ADULT _____

• MEMBERSHIP OPTIONS

SELECT YOUR MEMBERSHIP TYPE:

- ADULT (18+ yrs.) 1 ADULT FAMILY*
 YOUTH (0-17 yrs.) 2 ADULT FAMILY*
 SENIOR (62+ yrs.) 3-4 ADULT FAMILY*
 OTHER: _____

*With up to 6 minor dependents.

SELECT ONE MEMBERSHIP PLAN:

- MONTH-TO-MONTH AUTOPAY
 3-MONTH PRE-PAY
 6-MONTH PRE-PAY
 1-YEAR PRE-PAY

EMERGENCY CONTACT INFORMATION

NAME _____

PHONE _____

ALT. PHONE _____

RELATIONSHIP _____

• OPTIONAL INFORMATION

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

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

- Newspaper Website / Online
 Direct Mail Event
 Flyer / Poster TV
 Radio Member Referral
 Other: _____

2. What programs are you most interested in?

- Aquatics Computer
 Dance Fitness
 Art Camps
 Music Sports
 Theatre After-School
 Other: _____

3. What school(s) is attended by children in your household?

Payment Information

The goal of The Salvation Army Kroc Center is to offer convenient payment methods. Please indicate your membership payment type below.

MONTH-TO-MONTH AUTOPAY MEMBERSHIP

I understand that all debits from my bank account 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 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 30 days*).

- I understand my first payment will occur on _____.
- I understand that all membership payments and fees are non-refundable.
- I understand all declined auto-pay transactions incur a \$10 charge, and that my membership will be on hold until full payment is received.

Member Initials: _____

PRE-PAID MEMBERSHIP

Select Pre-Paid Membership Term: 3-Month 6-Month 12-Month
Member pays 3, 6, or 12 months of dues in one payment. Members may renew their pre-paid membership without a registration fee only if there are no breaks in their membership plan.

- I understand that all pre-paid 3 month and 6 month membership payments and fees are non-refundable.
- I understand all declined pre-paid membership transactions incur a \$10 charge, and that my membership will be on hold until full payment is received.
- I understand all pre-paid 12 month memberships are subject to a \$50 early cancellation fee and the remainder of unused portion of the membership will be refunded to a Kroc Gift Card.

Member Initials: _____

• CHANGES TO MEMBERSHIP

I understand that all changes/cancellations must be submitted by the **1st of the month** in order to take effect the following month.

Member Initials: _____

• PAYMENT METHOD - Choose One of the Two Following Options:

CREDIT/DEBIT CARD

NAME AS IT APPEARS ON CARD _____

VISA MASTERCARD

PLEASE DO NOT PUT CARD NUMBER ON THE FORM

BILLING ADDRESS _____	CITY _____	STATE _____	ZIP _____
CARDHOLDER SIGNATURE _____	DATE _____		

CHECKING (EFT) - Please provide a voided check with this application.

BANK NAME _____	ACCOUNT # _____	TRANSIT/ABA # (first 9 digits on check) _____
NAME (of bank account holder) _____	SIGNATURE _____	DATE _____

• 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 transferrable, 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 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, and we require each person entering the Kroc Center to have a photo taken. 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 and deny access and membership to the facility. If The Salvation Army has actual knowledge that an individual is a registered sex offender, such individual shall be denied access to The Salvation Army Kroc Center. By signing this document, I represent to The Salvation Army that neither I, nor any of my party, 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 any change in my knowledge of the registered sex offender status for myself or any of my party who may seek admittance at the Kroc Center pursuant to this agreement.

***EMAIL CONSENT** - By including my email on this application I am opting in to receive membership information and marketing emails from the Kroc Center. I understand that I may unsubscribe at any time by clicking the unsubscribe link at the bottom of our emails or by contacting the Kroc Center directly. The Kroc Center does not share email addresses with outside persons/organizations.

MEMBER SIGNATURE _____	DATE _____
PARENT/GUARDIAN SIGNATURE _____	DATE _____

OFFICE USE ONLY

Received	Entered	Dbl Checked
_____ / _____ / _____		