

ADULT & 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 PHONE () _____ ALTERNATE PHONE () _____

EMAIL _____ BIRTHDATE / / MALE FEMALE

SECOND ADULT

NAME (FIRST, MIDDLE, LAST) _____

CELL PHONE () _____ ALTERNATE PHONE () _____

EMAIL _____ BIRTHDATE / / MALE FEMALE

HOUSEHOLD INFORMATION

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE () _____

ADDITIONAL HOUSEHOLD MEMBERS LISTED ON MEMBERSHIP

#1 NAME: (FIRST, MIDDLE, LAST) _____

BIRTHDATE (MM/DD/YY) _____ MALE FEMALE

RELATIONSHIP TO PRIMARY ADULT _____

#2 NAME: (FIRST, MIDDLE, LAST) _____

BIRTHDATE (MM/DD/YY) _____ MALE FEMALE

RELATIONSHIP TO PRIMARY ADULT _____

#3 NAME: (FIRST, MIDDLE, LAST) _____

BIRTHDATE (MM/DD/YY) _____ MALE FEMALE

RELATIONSHIP TO PRIMARY ADULT _____

#4 NAME: (FIRST, MIDDLE, LAST) _____

BIRTHDATE (MM/DD/YY) _____ MALE FEMALE

RELATIONSHIP TO PRIMARY ADULT _____

YOUTH & TEEN MEMBERSHIP (17 YEARS & YOUNGER)

(Use this section for individual youth or teen memberships)

MEMBER INFORMATION

NAME (FIRST, MIDDLE, LAST) _____

BIRTHDATE (MM/DD/YY) _____ MALE FEMALE

HOUSEHOLD INFORMATION

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE () _____

PARENT/GUARDIAN INFORMATION

GUARDIAN #1 (FIRST/LAST) _____

CELL PHONE () _____ EMAIL _____

GUARDIAN #2 (FIRST/LAST) _____

CELL PHONE () _____ EMAIL _____

MEMBERSHIP TYPE

DATE (MM/DD/YY) _____

CHOOSE YOUR MEMBERSHIP TYPE:

- ADULT SENIOR SP HOUSEHOLD
 TEEN YOUTH SENIOR COUPLE
 HOUSEHOLD (UP TO 5 MEMBERS)

***Additional cost required for more than 5 people**

CHOOSE ONE MEMBERSHIP PLAN:

- KROC STANDARD KROC TENNIS
 KROC PLUS

EMERGENCY CONTACT INFORMATION

FIRST NAME _____

LAST NAME _____

HOME PHONE () _____

CELL 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.

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 DISCOVER

NAME (AS IT APPEARS ON CARD) _____

BILLING ZIPCODE _____

LAST 4-DIGITS ON CREDIT CARD _____

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 OPTION ABOVE.

OPT 3: 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 20th of every month I will be automatically charged for the following month's payment.

MEMBER INITIALS: _____

I understand I must give notice by the 10th 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 the use of facilities and equipment at The Salvation Army Kroc Center may involve risk of bodily injury or property damage. I agree to assume such risks. I understand it is up to me to consult with physicians or other medical professionals to ensure I can safely participate in activities and events at The Salvation Army Kroc Center. I understand and agree that I am relinquishing my right and the rights of my estate or heirs to make any claim of any nature against The Salvation Army, its agents, employees, and volunteers.

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. PROCESSED BY: STAFF NAME _____

DATE _____

INITIAL PAYMENT:

\$ _____