

MEMBERSHIP APPLICATION



AGE Youth Adult Senior Family Senior
(17 & Under) (18-61) (62+) (Up to 6)* COUPLE

*Families include married spouses and their children

PLAN Standard Tennis Plus

DATE:
MM/DD/YY

PRIMARY MEMBER INFORMATION (Youth: Name, DOB, & Gender only)

FIRST, MIDDLE, LAST NAME _____

CELL PHONE () ALTERNATE PHONE ()

EMAIL BIRTHDATE / / MALE FEMALE

ADDRESS

STREET _____

CITY STATE ZIP _____

HOME PHONE () _____

▶ **FAMILY & SENIOR COUPLE PLANS: SPOUSE INFORMATION**

FIRST, MIDDLE, LAST NAME _____

CELL PHONE () ALTERNATE PHONE ()

EMAIL BIRTHDATE / / MALE FEMALE

EMERGENCY CONTACT INFORMATION

FIRST, MIDDLE, LAST NAME _____

CELL PHONE () _____

ALTERNATE PHONE () _____

RELATIONSHIP TO PRIMARY _____

▶ **FAMILY PLANS: ADDITIONAL MEMBERS INFORMATION**

FIRST, MIDDLE, LAST NAME _____	BIRTHDATE / / <input type="radio"/> MALE <input type="radio"/> FEMALE
FIRST, MIDDLE, LAST NAME _____	BIRTHDATE / / <input type="radio"/> MALE <input type="radio"/> FEMALE
FIRST, MIDDLE, LAST NAME _____	BIRTHDATE / / <input type="radio"/> MALE <input type="radio"/> FEMALE
FIRST, MIDDLE, LAST NAME _____	BIRTHDATE / / <input type="radio"/> MALE <input type="radio"/> FEMALE

▶ **YOUTH PLAN: PARENT/GUARDIAN INFORMATION**

#1 FIRST, LAST NAME _____	#1 FIRST, LAST NAME _____
CELL PHONE () EMAIL _____	CELL PHONE () EMAIL _____

OPTIONAL SURVEY The more we learn from our members, the better we can be your (fun, fitness, family, faith) community center.

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

2. What programs are you most interested in? Aquatics Arts Music Theatre Church Boys & Girls Club
 Tennis Cross Fit Group Fitness Sports Leagues Weight Room Spin Studio Other: _____

3. Interested in volunteering?/may we contact you about volunteering? Yes No If so, list your interest/skills: _____

4. Do you use any of the following Social Media Networks more than once a week? Facebook Twitter Instagram Other: _____

Follow us on Facebook, Instagram, and Twitter @Krocgrenville or @Kroctennis
Visit our website for all Kroc Greenville updates at krocgrenville.org!

MEMBERSHIP PAYMENT



PROVIDE ONE TYPE OF PAYMENT:

ELECTRONIC FUNDS TRANSFER (Provide Voided Check)

NAME OF BANK ACCOUNT HOLDER
BANK NAME
ACCOUNT #
TRANSIT/ABA NO. (FIRST 9 DIGITS ON CHECK)

CREDIT/DEBIT CARD

<input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> DISCOVER <input type="radio"/> AM EX
NAME (AS IT APPEARS ON CARD)
BILLING ZIP CODE
LAST 4-DIGITS ON CREDIT CARD
EXPIRATION DATE (MM/DD/YY)

CHOOSE FREQUENCY:

OPT 1: ANNUAL PAYMENT

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.*

SIGNATURE _____ DATE _____

KROC CARES SCHOLARSHIP FUND Help a deserving individual in the community reach their potential by donating to the Kroc Cares Fund. <input type="radio"/> YES, I WILL DONATE \$ _____ <input type="radio"/> I DO NOT WISH TO DONATE AT THIS TIME <input type="radio"/> DRAFT MONTHLY, ON TOP OF MEMBERSHIP DUES <input type="radio"/> ONE TIME DONATION COMMENTS: _____ _____
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OPT 2: MONTHLY PAYMENTS

I authorize The Salvation Army Kroc Center to debit my monthly dues directly from the provided bank account or card. This is an automatic withdrawal system where payment of my membership dues are regularly deducted from my account on the 20th of each month for the next month's dues. I understand my account will continue to be debited unless I give a written cancellation notice by the 10th of the month.

I understand that on the 20th of every month I will be automatically charged for the following month's payment. MEMBER INITIALS _____

I understand that I must give written 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/____

SIGNATURE _____ DATE _____

TERMS OF MEMBERSHIP

By signing this Membership Application, I (we) agree to the following: (1) member and any guest in his or 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 members, (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, 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/GUARDIAN SIGNATURE _____ DATE _____

FOR INTERNAL USE ONLY. PROCESSED BY: STAFF NAME _____ DATE: / / INITIAL PAYMENT \$ _____