

# Membership Application

(Please Print)



## MEMBERSHIP INFORMATION

### #1 - PRIMARY ADULT OR GUARDIAN (Person Responsible For Payment)

MALE  FEMALE

NAME (First, Middle, Last)

CELL

WORK PHONE

E-MAIL

BIRTHDATE (MM/DD/YY)

### ADDRESS/HOUSEHOLD INFORMATION

ADDRESS

APT#

CITY

STATE

ZIP

HOME PHONE

### HOUSEHOLD / MEMBERSHIP INFORMATION

To qualify for a household membership, all members must reside in the same household as the primary adult AND must show proof of address. Household Membership includes up to 2 adults and 4 children; additional residents of household may be added to a membership for a small monthly fee.

### #2 - HOUSEHOLD MEMBER

MALE  FEMALE

NAME (First, Middle, Last)

CELL

BIRTHDATE (MM/DD/YY)

RELATIONSHIP TO PRIMARY ADULT

### #3 - HOUSEHOLD MEMBER

MALE  FEMALE

NAME (First, Middle, Last)

CELL

BIRTHDATE (MM/DD/YY)

RELATIONSHIP TO PRIMARY ADULT

### #4 - HOUSEHOLD MEMBER

MALE  FEMALE

NAME (First, Middle, Last)

CELL

BIRTHDATE (MM/DD/YY)

RELATIONSHIP TO PRIMARY ADULT

### #5 - ADDITIONAL HOUSEHOLD MEMBER

MALE  FEMALE

NAME (First, Middle, Last)

CELL

BIRTHDATE (MM/DD/YY)

RELATIONSHIP TO PRIMARY ADULT

### #6 - ADDITIONAL HOUSEHOLD MEMBER

MALE  FEMALE

NAME (First, Middle, Last)

CELL

BIRTHDATE (MM/DD/YY)

RELATIONSHIP TO PRIMARY ADULT

FOR ADDITIONAL HOUSEHOLD MEMBERS, PLEASE ATTACH ADDITIONAL FORM

## EMERGENCY CONTACT INFORMATION

FIRST NAME

LAST NAME

RELATIONSHIP

WORK PHONE

CELL

ALTERNATE PHONE

OFFICE USE Membership #

DATE (MM/DD/YY)

## MEMBERSHIP TYPE

### MEMBERSHIP PLAN / PAYMENT TERMS

(Select One)

- ANNUAL  QUARTERLY  
 ANNUAL/MONTHLY PAY OPTION

### MEMBERSHIP TYPE

(Select One)

- ADULT  
 ADULT PLUS ONE  
 FAMILY  
 SENIOR/YOUTH  
 SENIOR PLUS ONE  
 GUEST/DAY PASS  
 OTHER

## OPTIONAL INFORMATION

This helps us develop quality services and programming to better serve our local community.

- How did you hear about The Salvation Army Kroc Center?  
 Email  Internet  TV  Radio  
 Flyer  Direct Mail  Family/Friend  
 Other
- Household Income  
 \$10,000 – 24,999  
 \$25,000 – 49,999  
 \$50,000 – 74,999  
 \$75,000 – 99,999  
 Over \$100,000
- Household Ethnicity  
 Asian/Pacific Islander  
 Black/African-American  
 Hispanic/Latino  
 Native American  
 White/Caucasian  
 Other:
- Are you interested in volunteering?  
 Yes  
 No  
 Interests/Skills:

## SCHOLARSHIP DONATIONS

Help a deserving individual in the community reach their potential by donating an amount of your choice The Salvation Army Ray & Joan Kroc Corps Community Center Scholarship Program. This donation is tax deductible.

- Yes, I would like to help. I would like to make a donation of:  
\$\_\_\_\_\_ One-time Gift \$\_\_\_\_\_ Per month in addition to my monthly dues  
 No, I do not want to participate at this time.

Annual or First Month Fees \$ \_\_\_\_\_  
 Additional Members \$ \_\_\_\_\_  
 Subtotal \$ \_\_\_\_\_  
 Joining Fee \$ \_\_\_\_\_  
 Total Due Today \$ \_\_\_\_\_  
 First Payment Due \_\_\_\_\_  
 Monthly Payment Amount \$ \_\_\_\_\_  
 [Office Use] If paying by check, CHECK# \_\_\_\_\_

**PAYMENT OPTIONS**

The goal of The Salvation Army Kroc Center is to offer convenient payment methods. Please review the membership payment terms below:

**MEMBERSHIP**

Please choose your payment options listed below.

**OPTION 1**

I PREFER AN ANNUAL PAYMENT

Member pays annual dues in one payment. Your expiration date will be one year from your joining date. Note: Charges appear on statements as The Salvation Army Kroc Center.

CASH/CHECK \$ \_\_\_\_\_ Check # \_\_\_\_\_

Member Initials: \_\_\_\_\_

**OPTION 2**

I PREFER MONTHLY PAYMENTS (Automatically renews)

Member pays monthly via an electronic withdrawal payment plan. The monthly payment may be drawn from a credit card or electronically transferred (EFT) from a checking account.

By signing, I give The Salvation Army Kroc Center authorization to deduct monthly dues directly from the account listed below. I understand that all withdrawals will be conducted on the 20th of each month regardless of date joined. **This authorization is to remain in full force and effect for one year, and then automatically renews monthly until The Salvation Army Kroc Center has received written notification from me of its termination.** Any credit card or debit request in process at the time we receive the notice of termination will be completed.

Member Initials: \_\_\_\_\_

**Select your payment type:**

**CHECKING (EFT): Provide a voided check & payment with this application.**

NAME (of bank account holder): \_\_\_\_\_

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

TRANSIT/ABA # (first 9 digits on check) \_\_\_\_\_

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**CREDIT CARD**

VISA  MasterCard  Discover

NAME (as it appears on credit card): \_\_\_\_\_

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

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

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**For membership pricing, please see our website at [kroccenterhrva.org](http://kroccenterhrva.org)**

By signing this Membership Application, I (we) agree to the following: (1) members and any guests in his / her party will abide by 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, and (4) membership rights are not transferable.

**MEMBER SIGNATURE**

**PARENT / GUARDIAN SIGNATURE**

**LIABILITY GUIDELINES**

**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 right (and/or the right of the minor(s) for whom I sign) to make any claim against The Salvation Army Kroc Center, 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. 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 (RJKCC). By signing this document, I represent to The Salvation Army, that neither I, nor anyone I am signing on the behalf of, are 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 registered sex offender status for myself or anyone I am signing for who seeks admittance at the RJKCC.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT

I acknowledge that I have read this waiver and that I understand the words and language in it. I understand that I am responsible for and/or my minor child's welfare and supervision.

Member Initials: \_\_\_\_\_

**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 Initials: \_\_\_\_\_

**RETURNED CHECK / ELECTRONIC FUNDS TRANSFER POLICY** – If the payment declined for the month, an automatic payment will continue to run until the payment has been received. There may be a \$30 charge for non-sufficient funds transaction. This places your membership on hold until payment is received.

Member Initials: \_\_\_\_\_

**AUTHORIZATION RELATING TO A MINOR OR INDIVIDUAL UNDER LOCAL GUARDIANSHIP** – I hereby certify that I am the parent/legal guardian of any dependent identified on this form.

Member Initials: \_\_\_\_\_

**RELEASE AUTHORIZATION** – I hereby agree to each of the consents and waivers listed above, including the Release of Liability, as pertaining to my own or my minor's participation, in functions, activities, special events, and field trips.

Member Initials: \_\_\_\_\_

**CANCELLATION/CHANGE POLICY** - Membership fees are non-refundable. In order to cancel after one year or make a change to a membership agreement, the Primary Member must fill out a Membership Change Form. If submitted after the 10th of the month, it will not be effective until the end of the following month. If I wish to cancel my membership during the first year, I agree to pay an early cancellation penalty equal to two (2) monthly payments. Changes in membership status, fees may apply.

Member Initials: \_\_\_\_\_

**PHOTO RELEASE** – 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.

Member Initials: \_\_\_\_\_

*Investigation & Assumption of the Risk: Participant understands and agrees that participating in or being present at or around the Activity may create predictable and unexpected risks of serious physical or mental injury or death. These risks may include, but are not limited to: sprains; strains; fractures; damage to the head, face or body; emotional distress, flesh wounds; muscular skeletal injuries; cosmetic injuries; emotional or physical distress; cuts; abrasions; penetrations; paralysis; foreign objects in the eye; amputations; permanent disabilities; and other serious injuries or death (collectively "risks"). Participant acknowledges that Participant has investigated and evaluated the risks and has made a voluntary and informed decision about becoming involved in the Activity. This decision is based upon Participant's independent investigation and knowledge and not the representations of The Salvation Army. Participant understands that the nature and severity of the risks may be affected by Participant's own physical and mental skills and abilities, the action or inactions of The Salvation Army or the participants, the relative skill required or competitiveness of the Activity taking place. These risks may not be readily foreseeable or under the control of The Salvation Army or the Participants. Participant acknowledges that Participant is mentally and physically ready to participate in the Activity. Participant agrees to continuously assess whether Participant can safely participate in the Activity. If Participant receives any advice or instruction from The Salvation Army or the Participants, Participant acknowledges that Participant is solely responsible for evaluating the information and choosing how to act upon it. Safety: Participants assume the responsibility to obtain and use all protective equipment that may be reasonably appropriate to ensure safe involvement in the activity. In some cases, Participant may be required to travel to and from the site of the activity. If at any time Participant believes that participating in the Activity would be unsafe, whether due to participant's physical or mental condition, skills, abilities, the location, conditions, circumstances of the Activity, or the conduct or potential conduct of the participants, Participant will immediately discontinue engaging in the Activity.*

*This is a waiver and release of liability. DO NOT "SUBMIT" if you: a) Have not carefully read this entire Release; b) Do not understand any part of the Release; c) Need additional time to evaluate or consider this Release; d) Do not agree to be bound by every term of the release.*

**DATE**

**DATE**