

MEMBERSHIP APPLICATION

DATE: _____

MEMBERSHIP TYPE

Initiation fee applies to all new Annual and three month memberships.

ANNUAL

- ADULT (19-61)
- COUPLE
- FAMILY-UP TO FOUR MEMBERS
- FAMILY OF FIVE OR MORE
- SENIOR (62+)
- SENIOR COUPLE
- YOUTH (0-18)
- PROTECTIVE SERVICES/EDUCATORS
(Must provide proof of employment annually)
- CORPORATE
(Must provide proof of employment annually)
- HEALTHWAYS PRIME
- SILVER SNEAKERS

THREE MONTH

- ADULT (19-61)
- COUPLE
- FAMILY-UP TO FOUR MEMBERS
- FAMILY OF FIVE OR MORE
- SENIOR (62+)
- SENIOR COUPLE
- YOUTH (0-18)

ONE MONTH

ADULT & FAMILY MEMBERSHIP INFORMATION

Complete for individual adult, senior or family memberships. For Family memberships, second adult and household members must reside in same household as primary and be immediate family members.

PRIMARY ADULT (GUARDIAN)

NAME (FIRST, MIDDLE, LAST) _____

BIRTHDATE (MM/DD/YY) _____ MALE FEMALE Member #: _____

CELL PHONE _____ ALTERNATE PHONE _____

EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

OCCUPATION _____ EMPLOYER _____

SECONDARY ADULT (GUARDIAN)

NAME (FIRST, MIDDLE, LAST) _____

BIRTHDATE (MM/DD/YY) _____ MALE FEMALE Member #: _____

CELL PHONE _____ ALTERNATE PHONE _____

EMAIL _____

ADDITIONAL HOUSEHOLD MEMBERS

HOUSEHOLD MEMBER: NAME (FIRST, MI, LAST) _____

BIRTHDATE (MM/DD/YY) _____ MALE FEMALE Member #: _____

RELATIONSHIP TO PRIMARY ADULT _____

HOUSEHOLD MEMBER: NAME (FIRST, MI, LAST) _____

BIRTHDATE (MM/DD/YY) _____ MALE FEMALE Member #: _____

RELATIONSHIP TO PRIMARY ADULT _____

HOUSEHOLD MEMBER: NAME (FIRST, MI, LAST) _____

BIRTHDATE (MM/DD/YY) _____ MALE FEMALE Member #: _____

RELATIONSHIP TO PRIMARY ADULT _____

EMERGENCY CONTACT INFORMATION

NAME (FIRST, MIDDLE, LAST) _____

RELATIONSHIP TO PRIMARY _____

CELL PHONE _____ ALTERNATE PHONE _____

INDIVIDUAL YOUTH MEMBERSHIP

Complete for individual youth memberships; complete guardian and emergency information above.

#1 YOUTH MEMBER: NAME (FIRST, MI, LAST) _____

BIRTHDATE (MM/DD/YY) _____ MALE FEMALE Member #: _____

#2 YOUTH MEMBER: NAME (FIRST, MI, LAST) _____

BIRTHDATE (MM/DD/YY) _____ MALE FEMALE Member #: _____

#3 YOUTH MEMBER: NAME (FIRST, MI, LAST) _____

BIRTHDATE (MM/DD/YY) _____ MALE FEMALE Member #: _____

OPTIONAL

Member referral name: _____

How did you hear about the Kroc Center? _____

Are you interested in volunteering? Y/N _____



KROC KERRVILLE

(830) 315-KROC (5762)
201 Holdsworth Dr.
Kerrville, TX 78028

www.kerrvillekroc.org

SINGLE PAYMENT Annual, Three Month, and One Month Memberships

ANNUAL MEMBERSHIP

_____ Member pays twelve (12) months of dues in one payment.

Your expiration date will be one year from your joining date.

OFFICE USE ONLY: exp. date _____

THREE MONTH MEMBERSHIP

_____ Member pays three (3) months of dues in one payment.

Your expiration date will be three months from your joining date.

OFFICE USE ONLY: exp. date _____

ONE MONTH MEMBERSHIP

_____ Member pays one (1) month of dues in one payment.

Your expiration date will be one month from your joining date.

OFFICE USE ONLY: exp. date _____

SINGLE PAYMENT MEMBERSHIP CANCELLATION POLICY

_____ Membership payment balance will not be refunded for any reason except military deployment.

REOCCURRING MONTHLY PAYMENTS Annual Memberships

_____ **By signing**, I authorize The Salvation Army Ray & Joan Kroc Center, hereby referred to as The Kerrville Kroc Center, to initiate a monthly credit/debit card charge or bank account deduction as indicated below. Payment of the monthly membership dues are charged to the member's method of payment on the 20th of each month or the next business day, regardless of date joined. The Kroc Center, also reserves the right to deduct any amount past due from the same account, up to 3 attempts. Failure to collect on the last attempt will result in inactivation.

_____ **Renewal is automatic!** After 12 months of paid membership, if you do not elect to renew; you must notify the Kerrville Kroc Center, on or before the 10th day of your final month.

_____ **Changes or Cancellation:** I understand that I must submit a written request no later than the 10th of the current month to be processed for the following month. Members who submit termination requests after the 10th will be billed for the following month. It is further understood; **if member elects to cancel PRIOR to completing 12 months of membership, a cancellation penalty equal to any remaining months dues will be charged to card on file.**

_____ **Insufficient Funds/Credit Card Decline Policy:** A \$20 Fee will be charged for every insufficient funds or decline occurrence, and the membership will automatically be placed on inactive status. To reactivate the membership, all outstanding dues and Fees occurred must be paid in full.

OPTION 1 CREDIT/DEBIT CARD DRAFT

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

NAME (AS IT APPEARS ON CARD) _____

LAST 4 DIGITS OF CARD _____ (Card will be scanned at Kiosk)

EXPIRATION DATE (MM/YY) _____

BILLING ADDRESS _____

CARD HOLDER SIGNATURE _____ DATE _____

OPTION 2 *MUST PROVIDE VOIDED CHECK WITH THIS APPLICATION*
ELECTRONIC FUNDS TRANSFER (EFT DRAFT)

NAME OF ACCOUNT HOLDER _____

BANK NAME _____

ROUTING# (FIRST 9 DIGITS ON CHECK) _____

ACCOUNT# _____

SIGNATURE _____ DATE _____

DID YOU KNOW...



DOING THE MOST GOOD



In support of The Salvation Army's mission and ministry, the Kroc Center provides membership scholarships to those that qualify. It was Joan Kroc's vision and expectation that all individuals have equal opportunities to grow their natural gifts and talents.

Scholarships are also available for The Salvation Army Boys & Girls Club. Currently more than 50 percent of our club participants receive a scholarship.

Ask the front desk how you can help support our local community by making a tax deductible scholarship donation today.

One Time Donation

Monthly Donation

Donation Amount \$ _____

TERMS OF MEMBERSHIP, INFORMED CONSENT, ASSUMPTION OF RISK, and RELEASE OF LIABILITY:

_____ NOTICE-There is a \$10 replacement fee for lost membership cards. Membership downgrades and removal of family members are charged a \$20 per occurrence fee. Additional programs, personal training, camps, special classes and events may come with additional fees.

_____ NOTICE - In order to promote a safe and secure environment, the Kerrville Kroc Center has placed video cameras in various locations. As part of our commitment to the safety of children and vulnerable persons, the Kerrville 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.

_____ **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.

_____ I (we) have read and understood this application and any questions I had, have been answered to my full satisfaction.

_____ 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 Kerrville Kroc Center is authorized to secure emergency medical treatment at the member's expense, (3) the Kerrville 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) the Kerrville Kroc Center reserves the right to adjust membership rates/dues at any time (5) membership rights are not transferable, and(6) grant permission for the Kerrville Kroc Center to make visual recordings of all individuals listed on this form for its responsible use.

SIGNATURE _____ DATE _____

PRIMARY MEMBER/GUARDIAN