

# 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](http://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.



DOING THE MOST GOOD



**DID YOU KNOW...**

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.

Consider 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.

**REOCCURRING MONTHLY PAYMENTS** *Annual Memberships*

\_\_\_\_\_ 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.

\_\_\_\_\_ I represent to the Salvation Army that neither I, nor anyone I am signing on 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 RJKCCC. For the safety of all concerned, membership is denied to known registered sex offenders

\_\_\_\_\_ **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 to me and on behalf all minors on the membership application, day pass or other form of admittance to the Kroc Center . I understand it is up to me to consult with physicians or other medical professionals to ensure I and my minors 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..

\_\_\_\_\_ **Release of Authorization:** I hereby agree to **EACH** of the consents and waivers listed above, including the Liability Waiver, as to pertaining to my own or my minor's participation, in functions, activities, special events, and field trips. I hereby certify that I am the parent/legal guardian of all minor children or dependents on the Membership Application, Day Pass, or other form of admittance to the Kroc Center and have executed these releases on (his)/(her) behalf.

\_\_\_\_\_ By Signing this 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 the member. 2)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, 3) Kerrville Kroc Center reserves the right to adjust membership rates/dues at any time without prior notification.

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

\_\_\_\_\_ **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:** Membership fees are non-refundable. In order to cancel 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 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:** There is a \$30.00 charge for **EACH** non-sufficient funds transaction. Non-payment may result in termination of membership.

**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 \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PRIMARY MEMBER/GUARDIAN