

Membership Application

DATE (MM/DD/YY)

MEMBERSHIP TYPE

- YOUTH
- ADULT
- ADULT +1
- SENIOR
- SENIOR + ONE
- FAMILY UP TO 4
- FAMILY 5+

OFFICE USE Membership #

MEMBERSHIP PLAN

- STANDARD
- OTHER _____

INSURANCE OR CORPORATE PLAN

- SILVER SNEAKERS
- PROTECTIVE SERVICES/EDUCATOR
- COMPANY

MEMBERSHIP INFORMATION

PRIMARY ADULT OR GUARDIAN MEMBER (Person Responsible For Payment)

NAME (First, Middle, Last) _____		<input type="radio"/> MALE	<input type="radio"/> FEMALE
CELL () -	BIRTHDATE (MM/DD/YY) / /	EMAIL	
HOUSEHOLD ADDRESS			
STREET ADDRESS _____		APT# _____	
CITY _____	STATE _____	ZIP _____	

HOUSEHOLD MEMBERSHIP INFORMATION

All members must reside in the same household as the primary adult, AND all adults must show proof of address.

OTHER HOUSEHOLD MEMBERS (if applying for a Household Membership)

NOTE: ALL MEMBERS OVER 18 SHOULD SIGN THE RELEASE & WAIVER FORM.

NAME (First, Middle, Last) _____		<input type="radio"/> MALE	<input type="radio"/> FEMALE
CELL () -	BIRTHDATE (MM/DD/YY) / /	EMAIL	
NAME (First, Middle, Last) _____		<input type="radio"/> MALE	<input type="radio"/> FEMALE
CELL () -	BIRTHDATE (MM/DD/YY) / /	EMAIL	
NAME (First, Middle, Last) _____		<input type="radio"/> MALE	<input type="radio"/> FEMALE
CELL () -	BIRTHDATE (MM/DD/YY) / /	EMAIL	
NAME (First, Middle, Last) _____		<input type="radio"/> MALE	<input type="radio"/> FEMALE
CELL () -	BIRTHDATE (MM/DD/YY) / /	EMAIL	

EMERGENCY CONTACT INFORMATION

NAME _____

RELATIONSHIP _____

PHONE _____

OFFICE USE	If paying by check, CHECK# _____
	Today's Dues \$ _____
	Additional Member Fee (\$ x #) \$ _____
	Monthly Dues \$ _____

OFFICE USE	Membership # _____
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MEMBERSHIP PAYMENT OPTIONS

STEP 1:

I PREFER AN ANNUAL PAYMENT

Member pays twelve (12) months of 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. **Member Initials:** _____

I PREFER AUTOMATIC MONTHLY PAYMENTS

Member pays monthly via an electronic withdrawal payment plan. The monthly payment may be drawn from a credit card or debit card. A \$30 fee will be charged for every insufficient funds or decline occurrence and the membership will be placed on inactive status until outstanding balances are paid in full. **Member Initials:** _____

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 until The Salvation Army Kroc Center has received written notification from me of its termination.** Any credit or debit request in process at the time we receive the notice of termination will be completed. Note: Charges appear on statements as The Salvation Army Kroc. **Member Initials:** _____

Changes or Cancellation: If a member chooses to down grade their membership before completing 12 months, a \$20 fee will be charged to the card on file. If member elects to cancel prior to completing 12 months of membership, a cancellation penalty will be charged to the card on file. **Member Initials:** _____

I PREFER THREE MONTH PAYMENT

Member pays for three (3) months of dues in one payment. Your expiration date will be three months from your joining date.

Note: Charges appear on statements as The Salvation Army Kroc.

Member Initials: _____

STEP 2:

For automatic monthly payments, I would like to add \$_____ to each monthly payment as a donation to The Salvation Army.

Member Initials: _____

STEP 3:

Select your payment type:

CREDIT CARD

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

LAST 4 DIGITS: _____

No credit card number will be written on this application or elsewhere.

CASH/CHECK \$ _____ Check # _____

For membership pricing, please see our website.

OPTIONAL INFORMATION

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

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

- Email Internet Family/Friend
 Flyer Radio Direct Mail
 TV _____

2. Are you interested in volunteering?

- Yes
 No
 INTERESTS/SKILLS: _____

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 _____ DATE _____

PARENT / GUARDIAN SIGNATURE _____ DATE _____

OFFICE USE Entered by: _____ Date: _____ Attach Receipt to Form _____