

Membership Application

DATE (MM/DD/YY)

MEMBERSHIP TYPE

OFFICE USE Membership #

MEMBERSHIP PLAN

- STANDARD
 OTHER _____

UPGRADES

- HYDRO MASSAGE
 1-3 4 5 6

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

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. A HOUSEHOLD CONSISTS OF AT LEAST 1 ADULT PLUS 1 SPOUSE, PLUS DEPENDENTS UNDER THE AGE OF 19, ALL LIVING IN THE SAME HOUSEHOLD.

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 _____

Today's Dues \$ _____
Additional Member Fee (\$ x #) \$ _____
Monthly Dues \$ _____

OFFICE USE Membership # _____

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

RELEASE AND WAIVER FORM

PHOTO RELEASE I certify that I am the age of majority, and having the right to contract in my own name and on behalf of all minors on the Membership Application, Day Pass, or other form of admittance to the Kroc Center and to the extent herein set forth. I hereby irrevocably grant to The Salvation Army, its successors and assigns, its agents and those by whom it is commissioned, the absolute, unrestricted and unlimited license, right, permission, and consent to use and reuse, disseminate, copyright, print, reproduce, publish and republish, for any and all trade purposes or commercial or other advertising or public purposes, and in any and all advertising, publicity, display, publication or media, my and my minor's names, signature and likenesses, and any portraits, pictures, photographic prints or other representations of me and/or my minors, or in which any may appear, or any reproductions or sketches thereof or parts thereof, photographic or otherwise, with such additions, deletions, alterations or changes therein as you in your discretion may make, either separately or together with names or fictitious names, or the name of another person, with or without any statements or testimonials made by me, or authorized by me which you may, in your discretion, prepare for use in connection therewith. I warrant that I have not limited or restricted the use of my or my minor's name or photograph to the use of any organization or person. I hereby grant unrestricted use of audio tracks or text by The Salvation Army for such purposes as The Salvation Army may deem appropriate. I hereby release and discharge The Salvation Army, its successors, assigns and agents from any and all claims and demands arising out of or in connection with the use of any of the foregoing, including any claims for defamation, invasion of privacy or violation of any statutory right. Member Initials_____

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 of 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 that 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. Member Initials_____

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 RJKCCC. For the safety of all concerned, membership is denied to known registered sex offenders. 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.

RETURNED CHECK / ELECTRONIC FUNDS TRANSFER POLICY - There is a \$30 charge for each non-sufficient funds transaction. Non-payment may result in termination of membership. Member Initials_____

CANCELLATION POLICY - 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.

RELEASE AUTHORIZATION – I hereby agree to each of the consents and waivers listed above, including the Liability Waiver, as 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. Member Initials_____

I understand that this is a legal document. I acknowledge that I have read this document and that I understand the words and language in it.

MEMBER SIGNATURE_____ DATE_____

PARENT / GUARDIAN SIGNATURE_____ DATE_____

PRINTED MEMBER NAME_____