

Membership Application



Please complete this form in full. To qualify for household membership, all members must reside in the same household with the primary member. Verification of home address may be required. Limit two adults per family membership.

PRIMARY MEMBER

NAME (FIRST, M.I., LAST) _____ ID _____

KEY FOB #

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CELL PHONE _____ ALT PHONE _____

EMAIL _____

BIRTHDATE (MM/DD/YY) _____ MALE FEMALE

SECOND MEMBER / GUARDIAN

NAME (FIRST, M.I., LAST) _____ ID _____

KEY FOB #

CELL PHONE _____ ALT PHONE _____

EMAIL _____

BIRTHDATE (MM/DD/YY) _____ MALE FEMALE

RELATIONSHIP TO PRIMARY MEMBER _____

CHECK IF PERSON NAMED ABOVE IS AUTHORIZED TO MAKE CHANGES TO ACCOUNT.

ADDITIONAL HOUSEHOLD MEMBERS ON MEMBERSHIP

Please attach additional form for more than 5 household members.

NAME (FIRST, M.I., LAST) _____ ID _____

BIRTHDATE (MM/DD/YY) _____ MALE FEMALE

RELATIONSHIP TO PRIMARY MEMBER _____ KEY FOB #

NAME (FIRST, M.I., LAST) _____ ID _____

BIRTHDATE (MM/DD/YY) _____ MALE FEMALE

RELATIONSHIP TO PRIMARY MEMBER _____ KEY FOB #

NAME (FIRST, M.I., LAST) _____ ID _____

BIRTHDATE (MM/DD/YY) _____ MALE FEMALE

RELATIONSHIP TO PRIMARY MEMBER _____ KEY FOB #

NAME (FIRST, M.I., LAST) _____ ID _____

BIRTHDATE (MM/DD/YY) _____ MALE FEMALE

RELATIONSHIP TO PRIMARY MEMBER _____ KEY FOB #

NAME (FIRST, M.I., LAST) _____ ID _____

BIRTHDATE (MM/DD/YY) _____ MALE FEMALE

RELATIONSHIP TO PRIMARY MEMBER _____ KEY FOB #

EMERGENCY CONTACT

NAME _____

PHONE _____

RELATIONSHIP TO PRIMARY MEMBER _____

The Kroc Center encourages participation by everyone. If you or a household member has a special need and would like to participate in a program or use a part of the facility, we are happy to make reasonable accommodations. Please mark the box below to indicate that accommodations are needed for successful inclusion into a program or service in accordance with the Americans with Disabilities Act.

ACCOMMODATIONS NEEDED

OPTIONAL INFORMATION

By answering the following questions, you help us develop quality programming and services to fit the needs of our community.

School(s) attended by children in your household:

How did you hear about the Kroc Center?

- WEB SEARCH
- FLYER
- RADIO
- AT AN EVENT:
- DIRECT MAIL
- TV
- BILLBOARD

FROM ANOTHER MEMBER:

FROM ANOTHER WEBSITE:

OTHER:

What programs are you most interested in?

- AQUATICS
- ARTS
- MUSIC
- OTHER:
- FITNESS
- DANCE
- SPORTS

ADMINISTRATIVE USE ONLY

DATE RECEIVED: _____

STAFF: _____

PROMO (IF ANY): _____

INITIAL PAYMENT: _____

MEMBERSHIP TYPE:

- Youth (0-11)
- Teen (12-17)
- Adult (18+)
- Two Adults (18+)
- Family I (up to 5 members)
- Family II (more than 5 members)

NAME:

MEMBERSHIP #:

Membership Payment Information

Select a membership payment type:

ANNUAL PAYMENT IN FULL

Member pays twelve (12) months of dues in one payment. Near the expiration of the membership term, a renewal notice will be sent and will include the amount due for the next 12-month term.

I understand that all membership payments are non-refundable.

Member Initials: _____

AUTOMATIC MONTHLY CREDIT/DEBIT CARD PAYMENTS

By marking this box, I authorize The Salvation Army Kroc Center to charge the credit/debit card on file via an automatic withdrawal system through which payment of membership dues are automatically charged to my credit/debit card on the 20th of each month. Due to federal government guidelines, the Kroc Center does not accept Green Dot or Direct Express credit cards for reoccurring payments.

1) I understand that my first automatic payment will take place on the 20th of _____ (month).

2) I understand that all changes/cancellations must be received in writing by the 10th of the month in order to take effect the following month.

3) I understand my card will be charged for changes to my membership as explained in the membership guidelines.

4) I understand that all membership payments are non-refundable.

Member Initials: _____

KROC COMMUNITY ANGELS DONATION

Help a deserving individual in the community reach their potential by donating to The Salvation Army Kroc Center Scholarship Program. This donation is tax-deductible.

YES, I WOULD LIKE TO HELP BY MAKING A DONATION OF:

\$ _____ ONE-TIME GIFT

\$ _____ PER MONTH IN ADDITION TO MY MONTHLY DUES

TERMS OF MEMBERSHIP

By signing this form, I (we) agree to the following: (1) I, and any guests in my party, will abide by the terms of this agreement at all times during the period of membership/day pass/program and will comply with all rules and regulations posted or otherwise communicated, (2) in case of illness or injury, The Salvation Army Kroc Center is authorized to secure emergency medical treatment at my expense, (3) The Salvation Army Kroc Center reserves the right to remove from the facility or terminate the membership/day pass privileges/program enrollment of any person who fails to comply with any posted rules and regulations or otherwise breaches the terms of this agreement, in which case that person will not be entitled to a refund of dues, (4) membership/day pass/program participant rights are not transferable, (5) I grant permission for The Salvation Army Kroc Center to make visual recordings of all individuals listed on this form for its responsible use, and (6) The Salvation Army reserves the right to change membership/day pass/program pricing with one month's notice.

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 (or the minor for whom I sign) right to make any claim against The Salvation Army, 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.

COMMUNICATIONS - By including my email and/or wireless phone number on this application, I am opting in to receive email, text, and SMS messages from the Kroc Center. I understand that I may unsubscribe at any time by following instructions in the message or making a request in writing. The Kroc Center does not share personal information with outside persons/organizations.

PHOTO RELEASE - I hereby give permission for me or my child to be photographed/videotaped with the possibility of being used in Salvation Army publicity and I give exclusive right to these photos/videos to The Salvation Army and waive all claims of compensation for usage.

NOTICE - In order to promote a safe and secure environment, The Salvation Army Kroc Center has placed video cameras in various locations, and a photo of each person entering the Kroc Center is required. If The Salvation Army has actual knowledge that an individual is a registered sex offender, such individual shall be denied access to the The Salvation Army Kroc Center. By signing this document, I represent to The Salvation Army, that neither I, nor any of my guests, are to my knowledge registered sex offenders in any legal jurisdiction and that furthermore, I have an affirmative duty to The Salvation Army to immediately disclose any change in my knowledge of the registered sex offender status for myself or any of my guests who may seek admittance to the Kroc Center pursuant to this agreement.

PRIMARY MEMBER SIGNATURE _____

DATE _____

PARENT/GUARDIAN SIGNATURE _____

(if primary member is under the age of 18)

Revised 5/20/15