

Membership Application

DATE (MM/DD/YY)

OFFICE USE Membership #

MEMBERSHIP PLAN

- STANDARD
- OTHER _____

MEMBERSHIP TYPE

- YOUTH
- ADULT
- HOUSEHOLD - TOTAL # _____
- SENIOR
- SENIOR + ONE

INSURANCE OR CORPORATE PLAN

- SILVER SNEAKERS
- SILVER & FIT
- 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. Household Membership includes up to 4 people. Additional people may be added to a Household membership for a small monthly fee per additional person.

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 #

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.

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: _____

I PREFER MANUAL MONTH-TO-MONTH PAYMENTS

Members "pay-as-you-go" for up to 30 days from the purchased date. Membership dues are to be paid in full prior to the expiration date via credit card, cash or check.

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 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