



Staff: _____

MEMBERSHIP APPLICATION

Date: _____

PROMOTION (if applicable): _____

MEMBERSHIP:

Level: Standard Pay it Forward

Corporate: _____

Type: Individual Individual +1 Family (max. 6 members)*
 Senior Senior +1

*Proof of residency required for adults; max. 4 people over age 18.
Additional dependents increase your draft or prepaid amount by \$10/ea., monthly.

MONTHLY:

Auto-drafted monthly: \$ _____/mo.

CHECKLIST REQUIRED

Month-to-Month**: \$ _____/mo.

**payments to be made at the Kroc Center Welcome Desk only

PREPAID: (NON-REFUNDABLE)

One Year: \$ _____

3 months: \$ _____

Adult Adult+1 FAM SEN SEN+1

How did you hear about us? Social Media Radio Commercial Mailer Billboard Friend

HOUSEHOLD INFORMATION:

Home Phone: _____

Address: _____
Street City State Zip

ADULTS	PRIMARY	NAME	ID CHECK	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
		PREFERRED NAME	BIRTHDAY	
		EMAIL	CELL #	
	SECONDARY	NAME	ID CHECK	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
		PREFERRED NAME	BIRTHDAY	
		EMAIL	CELL #	

ALL MEMBERS MUST RESIDE AT THE SAME RESIDENCE AS THE PRIMARY MEMBER

CHILDREN	NAME:	BIRTHDAY:	<input type="checkbox"/> M <input type="checkbox"/> F
	NAME:	BIRTHDAY:	<input type="checkbox"/> M <input type="checkbox"/> F
	NAME:	BIRTHDAY:	<input type="checkbox"/> M <input type="checkbox"/> F
	NAME:	BIRTHDAY:	<input type="checkbox"/> M <input type="checkbox"/> F
	NAME:	BIRTHDAY:	<input type="checkbox"/> M <input type="checkbox"/> F

EMERGENCY CONTACT

NAME:	_____
PHONE #(s):	_____
RELATIONSHIP TO YOU:	_____



MEMBERSHIP APPLICATION

Date: _____ Staff: _____

AUTO-DRAFT SETUP:

OPTION 1: CREDIT CARD DRAFT Last 4 digits of credit card: _____ Member initials: _____

Draft information will be automatically stored in our system (by the primary member at a Welcome Desk POS device) at sign-up. No credit card information will be written on this application or elsewhere. Credit card updates done over-the-phone will also be entered directly into the system and will require additional verification information from the member such as zip code and CVV.

I authorize the Kroc Center to deduct the monthly dues from the credit card that I have inputted at the Kroc Center or provided over-the-phone.

OPTION 2: BANK ACCOUNT DRAFT

Please attach a voided check or provide the following:

Account #: _____

Routing #: _____

Financial Institution: _____

I authorize the Kroc Center to draft the monthly dues from this bank account, to be conducted once a month, on the 20th of each month. I realize that I am responsible for any bank fees incurred due to insufficient funds or other account issues that prevent membership dues from being released.

TERMS OF MEMBERSHIP

I understand that all monthly payments debited from my bank account or credit card will be conducted on the 20th of each month regardless of date joined. Should an attempted credit card draft on the 20th be declined, it may be subjected to reprocessing up until as late as the 10th of the following month or until successful, whichever comes first.

This authorization is to remain in full force and effect until The Salvation Army Ray and Joan Kroc Corps Community Center (TSARJKCCC) has received written notification from me of its termination in such time and in such manner as to afford TSARJKCCC and any involved financial institutions a reasonable opportunity to act on it (30 day notice required). Memberships cannot be cancelled via telephone call and/or voicemail.

If a member cancels or any membership lapses for 90 days or more, a \$40 registration fee will be required to reopen the membership account, regardless of membership type. There is a \$10 fee for any changes (upgrades or downgrades) to membership after the first 30 days.

POLICIES AND PROCEDURES

By signing this membership application, I (we) agree to the following: (1) member and 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) in case of illness or injury, TSARJKCCC is authorized to secure emergency medical treatment at the member's expense, (3) TSARJKCCC reserves the right to remove from the facility, or terminate the membership of any member who fails to comply with rules and regulations, or otherwise breaches the terms of this agreement, in which case the member will not be entitled to a refund of dues (4) membership rights are not transferrable (5) I grant permission for TSARJKCCC to make visual recordings of all individuals listed on this form for its responsible use, (6) Registration fees waived due to a promotion will be owed should I cancel my membership before three successful drafts have been made, I understand there is a \$40 registration fee, (7) prepaid memberships are non-refundable, and (8) I acknowledge that TSARJKCCC fully cooperates in all criminal investigations conducted by law enforcement officials.

LIABILITY WAIVER - I understand that use of the facilities and equipment at TSARJKCCC may involve risk of bodily injury, or property damage, and agree to assume any such risks. I understand it is up to me to consult physicians or other professionals to make sure I can safely participate in activities and events at TSARJKCCC. I also understand and agree that I am giving up my (or the minor for whom I sign) right to make any claim against TSARJKCCC, its agents, employees, and volunteers, including the right to sue them, for bodily injury up to and including the loss of life or property damage, or any other loss I might suffer while using its facilities and services, except as limited by law.

NOTICE - In order to promote a safe and secure environment, TSARJKCCC has placed video cameras in various locations. As part of its commitment to the safety of children and vulnerable persons, TSARJKCCC reserves the right to consult public sources to determine whether any member or guest poses an unreasonable risk of harm to its patrons, staff, or visitors.

PRIMARY MEMBER Signature

Printed Name

Date

RECEIVED BY (For Staff use ONLY): _____

Date: