

Kroc Center Membership Application

MEMBERSHIP TYPE There is an annual \$50 registration fee for all applications.

CHOOSE YOUR MEMBERSHIP TYPE(S):
 Youth Adult Adult Couple Senior Senior Couple Family

CHOOSE YOUR MEMBERSHIP PLAN:
 Month-to-month 3-Month Annual (Pay in Full) Bank Draft Military

ADULT, SENIOR AND FAMILY MEMBERSHIP INFORMATION

Use this section for individual adult, senior or family memberships. To qualify for family membership, second adult and household members must reside in same household with primary adult.

PRIMARY ADULT/GUARDIAN

NAME (FIRST, MIDDLE, LAST) _____
PRIMARY PHONE _____ ALTERNATE PHONE _____
EMAIL _____ BIRTHDATE _____ MALE FEMALE
OCCUPATION _____ EMPLOYER _____

SECOND ADULT/GUARDIAN

NAME (FIRST, MIDDLE, LAST) _____
PRIMARY PHONE _____ ALTERNATE PHONE _____
EMAIL _____ BIRTHDATE _____ MALE FEMALE
OCCUPATION _____ EMPLOYER _____

HOUSEHOLD INFORMATION

ADDRESS _____
CITY _____ STATE _____ ZIP _____

EMERGENCY CONTACT INFORMATION

NAME (FIRST, MIDDLE, LAST) _____ RELATIONSHIP _____
PRIMARY PHONE _____ ALTERNATE PHONE _____

ADDITIONAL FAMILY MEMBERS LISTED ON MEMBERSHIP

#1 HOUSEHOLD MEMBER: NAME (FIRST, MIDDLE, LAST) _____
BIRTHDATE (MM/DD/YY) _____ MALE FEMALE
RELATIONSHIP TO PRIMARY ADULT _____

#2 HOUSEHOLD MEMBER: NAME (FIRST, MIDDLE, LAST) _____
BIRTHDATE (MM/DD/YY) _____ MALE FEMALE
RELATIONSHIP TO PRIMARY ADULT _____

#3 HOUSEHOLD MEMBER: NAME (FIRST, MIDDLE, LAST) _____
BIRTHDATE (MM/DD/YY) _____ MALE FEMALE
RELATIONSHIP TO PRIMARY ADULT _____

YOUTH MEMBERSHIP

(Use this section for individual youth memberships; complete guardian and household information above) If your child is under 3, they are free to the facility excluding play care. If wishing to use play care, they can be placed on a membership or pay \$2 each visit.

MEMBER INFORMATION

NAME (FIRST, MIDDLE, LAST) _____
BIRTHDATE (MM/DD/YY) _____ MALE FEMALE

TODAY'S DATE (MM/DD/YY): _____

OPTIONAL INFORMATION

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

1. HOW DID YOU HEAR ABOUT THE KROC CENTER?

NEWSPAPER ONLINE
 DIRECT MAIL EVENT
 FLYER TV
 RADIO

OTHER: _____

2. WHAT PROGRAMS INTEREST YOU MOST?

AQUATICS FITNESS
 MUSIC SPORTS
 AFTER-SCHOOL CHURCH
 VISUAL OR PERFORMING ARTS

3. HOUSEHOLD INCOME

UNDER \$10,000 \$10,000-24,999
 \$25,000-49,999 \$50,000-74,999
 \$75,000-99,999 OVER \$100,000

4. HOUSEHOLD ETHNICITY

WHITE/CAUCASIAN
 AFRICAN-AMERICAN
 HISPANIC/LATINO
 ASIAN
 NATIVE AMERICAN
 OTHER: _____

5. ARE YOU INTERESTED IN VOLUNTEERING AT THE KROC CENTER?

INTERESTS/SKILLS: _____

POS USE ONLY

MEMBERSHIP # _____

INITIAL PAYMENT \$ _____

STAFF INITIALS: _____

TODAY'S DATE: _____



MEMBERSHIP PAYMENT INFORMATION

I PREFER MONTHLY PAYMENTS

By signing, I authorize The Salvation Army Ray and Joan Kroc Corps Community Center, hereby referred to as The Kroc Center, to initiate a monthly credit card charge or bank account deduction as indicated below. The Kroc Center, also reserves the right to deduct any amount past due from the same account. This is an automatic withdrawal system where payment of membership dues are regularly charged to the member's method of payment on the 20th of each month or the next business day, regardless of date joined. In order to cancel a membership, I understand that I must submit a written request no later than the 10th of the current month to be processed for the following month. Yearly bank draft memberships must submit a request to cancel in order to stop automatic payments. Members who submit termination requests after the 10th will be billed for the following month. Cancellation forms are available at the membership services desk.

OPTION 1: AUTOMATIC MONTHLY ON CREDIT CARD

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

NAME (AS IT APPEARS ON CARD) _____

BILLING ADDRESS _____

CARD NUMBER _____

EXPIRATION DATE (MM/DD/YY) _____

SIGNATURE _____

DATE _____

OPTION 2: MONTHLY ELECTRONIC FUNDS TRANSFER

NAME OF BANK ACCOUNT HOLDER _____

BANK NAME _____

ACCOUNT # _____

ROUTING NUMBER (FIRST 9 DIGITS ON CHECK) _____

SIGNATURE _____

DATE _____

PLEASE PROVIDE VOIDED CHECK WITH THIS APPLICATION.

I PREFER ANNUAL PAYMENTS

Member pays twelve (12) months of dues in one payment. Your expiration date will be one year from your joining date.

CASH GIFT CERTIFICATE

OR

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

NAME (AS IT APPEARS ON CARD) _____

BILLING ADDRESS _____

CARD NUMBER _____

EXPIRATION DATE (MM/DD/YY) _____

SIGNATURE _____

DATE _____

SCHOLARSHIP DONATIONS

Help a deserving individual in the community reach their potential by donating an amount of your choice to The Salvation Army Ray and Joan Kroc Corps Community Center Scholarship Program. This donation is tax-deductible.

YES, I WOULD LIKE TO HELP. I WOULD LIKE TO MAKE A DONATION OF

\$ _____ ONE-TIME GIFT

\$ _____ PER MONTH IN ADDITION TO MY MONTHLY DUES

NO, I DO NOT WANT TO PARTICIPATE AT THIS TIME.

ACCOUNTING USE ONLY

TERMS OF MEMBERSHIP

By signing this membership application, I (we) agree to the following: (1) member and any 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 member, (2) in case of illness or injury, The Salvation Army Ray and Joan Kroc Community Center is authorized to secure emergency medical treatment at the member's expense, (3) The Salvation Army Ray and Joan Kroc Corps Community 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, (4) membership rights are not transferable, (5) I grant permission for The Salvation Army Ray and Joan Kroc Community Center to make visual recordings of all individuals listed on this form for its responsible use (6) membership fees are non-refundable unless for medical emergency and documentation is provided, (7) if your membership is set to automatic draft out of your account and you wish to cancel it, you must do so by the 10th of the month in order that it will not draft the 20th of that month. All yearly memberships must be requested to be cancelled if you wish them to stop drafting after the year has ended.

NOTICE - In order to promote a safe and secure environment, The Salvation Army Ray and Joan Kroc Corps Community Center has placed video cameras in various locations. As part of our commitment to the safety of children and vulnerable persons, The Salvation Army Ray and Joan Kroc Corps Community 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.

Photo Release - I hereby give permission for my child to be photographed/video taped for the possibility of being used in Salvation Army publicity and I give exclusive right to these photos/video tapes to The Salvation Army and waive all claims for compensation for usage.

♦There will be a replacement charge of \$10.00 each for lost Membership Cards.

Signature: _____ Date: _____

LIABILITY WAIVER - I understand that use of the facilities and equipment at The Salvation Army Ray and Joan Kroc Corps Community 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 Ray and Joan Kroc Corp Community 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 Ray and Joan Kroc Corps Community Center facilities and services, except as limited by law.

Signature: _____ Date: _____

The Salvation Army Ray and Joan Kroc Corps Community Center is dedicated to keeping children safe from physical, emotional, and sexual harm.

The Salvation Army Ray and Joan Kroc Corps Community Center staff will emphasize child safety in the following ways:

- The Salvation Army Ray and Joan Kroc Corps Community Center staff will undergo background checks prior to employment at the center; additionally, all adult members will be screened against published sexual predator lists to enhance children’s safety.
- The Salvation Army Ray and Joan Kroc Corps Community Center will maintain video surveillance of the facility 24 hours a day to proactively and retroactively monitor activities within the facility.
- All staff will be trained in age-appropriate interaction with children that will enhance the child’s learning by creating a safe and living environment.
- All staff will be taught to be vigilant in interactions with patrons and other staff members, reporting any behavior that appears inappropriate or suspicious.
- Programs involving children will be monitored by at least two adults in order to ensure safe interactions between staff and children, and to provide adequate supervision of the children themselves.
- Programs that require solitude, such as private music lessons, will be held in open and visible spaces that will be monitored by regular walk-through of other facility staff.
- Staff, patrons, and children will all be encouraged to communicate with any or all levels of management when a child-safety concern arises. All concerns will be taken seriously and will be dealt with promptly.
- Operating procedures will be planned and regularly re-evaluated in order to assess child safety. If an unforeseen issue arises, new procedures will be put in place to better meet the needs of the children.
- The Salvation Army Ray and Joan Kroc Corps Community Center staff understands that sometimes children are the target of bullies. Peer-to-peer bullying will be taken seriously and will be dealt with quickly.

MEMBER SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

For office use only
Entered by _____ DATE _____

