

Membership Application



ADULT AND FAMILY MEMBERSHIP INFORMATION

Use this section for all membership types. To qualify for family membership, all members must reside in the same household as primary member. Verification of home address may be required.

MEMBERSHIP TYPE

DATE (MM/DD/YY)

CHOOSE YOUR MEMBERSHIP TYPE:

- ADULT SENIOR
 ADULT +1 FAMILY (UP TO 6 MEMBERS)
 TEEN FAMILY (OVER 6 MEMBERS)

CHOOSE YOUR MEMBERSHIP PLAN:

- SILVER GOLD CORPORATE

WHAT CORPORATION

EMERGENCY CONTACT INFORMATION

FIRST NAME

LAST NAME

RELATIONSHIP

CELL PHONE

ALTERNATE PHONE

ADDITIONAL INFORMATION

Thank you for providing the following information. This helps us develop quality services and programming that fits the needs of the local community.

1. HOW DID YOU HEAR ABOUT THE SALVATION ARMY KROC CENTER?

- NEWSPAPER ONLINE / WEBSITE
 DIRECT MAIL SOCIAL MEDIA
 FLYER/PEACHJAR FAMILY/FRIEND
 TV / RADIO EVENT
 OTHER:

SCHOLARSHIP DONATIONS

Help a deserving low-income individual in the community reach their potential by donating an amount of your choice to The Salvation Army Kroc 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 \$5 \$10 \$25 other _____
monthly recurring gift in addition to my
monthly dues \$5 \$10 \$25 other _____
 No, I do not want to participate at this time.

CHURCH AT THE KROC

Did you know The Salvation Army is a church? Join us for worship at 10am every Sunday!

- Yes! I am interested in more information about Church at the Kroc.

PRIMARY ADULT

NAME (FIRST, LAST)

CELL

WORK PHONE

EMAIL

BIRTHDATE

MALE FEMALE

SECOND ADULT

NAME (FIRST, LAST)

CELL

WORK PHONE

EMAIL

BIRTHDATE

MALE FEMALE

HOUSEHOLD INFORMATION

ADDRESS

CITY

STATE

ZIP

HOME PHONE

ADDITIONAL DEPENDENTS LISTED ON MEMBERSHIP

(Please attach additional form for more dependents.)

#1: NAME (FIRST, LAST)

MALE FEMALE

BIRTHDATE (MM/DD/YY)

RELATIONSHIP TO PRIMARY ADULT

#2: NAME (FIRST, LAST)

MALE FEMALE

BIRTHDATE (MM/DD/YY)

RELATIONSHIP TO PRIMARY ADULT

#3: NAME (FIRST, LAST)

MALE FEMALE

BIRTHDATE (MM/DD/YY)

RELATIONSHIP TO PRIMARY ADULT

#4: NAME (FIRST, LAST)

MALE FEMALE

BIRTHDATE (MM/DD/YY)

RELATIONSHIP TO PRIMARY ADULT

#5: NAME (FIRST, LAST)

MALE FEMALE

BIRTHDATE (MM/DD/YY)

RELATIONSHIP TO PRIMARY ADULT

TEEN MEMBERSHIP

(Use this section for individual teen membership.)

MEMBER INFORMATION

NAME (FIRST, LAST)

BIRTHDATE (MM/DD/YY)

MALE FEMALE

HOUSEHOLD INFORMATION

ADDRESS

CITY

STATE

ZIP

HOME PHONE

GUARDIAN INFORMATION

GUARDIAN #1 (FIRST, LAST)

CELL PHONE

WORK PHONE

MEMBERSHIP PAYMENT INFORMATION

INTERNAL USE:
ATTACH RECEIPT

The goal of The Salvation Army Ray & Joan Kroc Corps Community Center is to offer convenient payment methods. Please choose between the options listed below.

I PREFER MONTHLY PAYMENTS

- OPT 1: AUTOMATIC CREDIT/DEBIT CARD PAYMENTS
- OPT 2: AUTOMATIC BANK ACCOUNT DRAFT PAYMENTS

I authorize The Phoenix South Mountain Kroc Center to deduct monthly dues directly from the provided credit/debit card or bank account. The Phoenix South Mountain 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 around the 20th of the current month for the next month regardless of date joined. Any debit request in process at the time we receive the notice of termination of authority will be completed. If membership payments lapse for more than 30 days, the appropriate registration fee will be charged to reactivate the membership account. This authorization is to remain in full force and effect until The Phoenix South Mountain Kroc Center has received written notification from me of its termination in such time and in such manner as to afford The Phoenix South Mountain Kroc Center and any involved financial institutions a reasonable opportunity to act on it (minimum of 15 business days).

I PREFER MONTH TO MONTH PAYMENTS

I understand my fees are due by the _____ of each month.

My membership will automatically cancel if I have not renewed after 30 days of expiration. A registration fee will apply in order to reactivate my membership.

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. Near the expiration of your current membership term, we will send you a renewal notice including the amount of dues for the next 12 month term.

Annual payments are non-refundable.

By signing below, I agree to the terms and conditions of my chosen Membership Payment Method.

SIGNATURE

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 Phoenix South Mountain Kroc Center is authorized to secure emergency medical treatment at the member's expense, (3) The Phoenix South Mountain 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, (4) membership rights are not transferable, and (5) **The Salvation Army Ray and Joan KROC Corps Community Center may use the above listed participants photos or video for promotional purposes.**

LIABILITY WAIVER – Please read this Waiver carefully as it affects your legal rights in the event of an injury, contraction of a communicable disease, infection and/or damage to property. By signing this document you are representing that you have read, understood and agree to be bound by the Terms of this Waiver. I understand that entry into and use of the facilities and equipment at The Salvation Army Kroc Center may involve risk of bodily injury, property damage, contraction of a communicable disease and/or contraction of a viral or bacterial infection 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 (or the minor for whom I sign) 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 is giving up) rights to make any claim or file a lawsuit and/or action against The Salvation Army, its agents, employees and volunteers, including, but not limited to, the right to bring a claim against or sue them, for bodily injury, property damage, contraction of a communicable disease and/or contraction of a viral or bacterial infection of any type and/or any other loss that I might suffer while using The Salvation Army Kroc Center facilities and services, except as limited by law.

NOTICE - In order to promote a safe and secure environment, The Phoenix South Mountain Kroc Center has placed video cameras in various locations. As part of our commitment to the safety of children and vulnerable persons, the 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.

Membership fees and dues are non-refundable. I understand my first automatic payment is on: _____ **MEMBER INITIALS :** _____

Membership cancellations or changes to automatic payment must be submitted by the 10th of the month to be effective for the following auto payment.

MEMBER INITIALS : _____

MEMBER SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE