

# 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(S):

- 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

## STAY IN TOUCH

We will keep you up-to-date on the latest news, events and promotions at The Phoenix South Mountain Kroc Center with periodic email newsletters and mailings.

- PLEASE DO NOT CONTACT ME WITH NEWS & UPDATES ON THE KROC CENTER

## OPTIONAL 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       FACEBOOK / TWITTER  
 FLYER       FRIEND  
 TV / RADIO       EVENT  
 OTHER:

2. WHAT PROGRAMS INTEREST YOU MOST?

- AQUATICS       COMPUTER  
 DANCE       FITNESS  
 ARTS       DAY CAMP  
 MUSIC       SPORTS  
 THEATER       AFTER-SCHOOL  
 CHURCH       EDUCATION  
 OTHER:

3. ARE YOU INTERESTED IN VOLUNTEERING?

- YES       NO

INTERESTS/SKILLS:

### PRIMARY ADULT

NAME (FIRST, MIDDLE, LAST)

CELL

WORK PHONE

#

EMAIL

BIRTHDATE

MALE  FEMALE

### SECOND ADULT

NAME (FIRST, MIDDLE, 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, MIDDLE, LAST)

BIRTHDATE (MM/DD/YY)

MALE  FEMALE

#

RELATIONSHIP TO PRIMARY ADULT

#2: NAME (FIRST, MIDDLE, LAST)

BIRTHDATE (MM/DD/YY)

MALE  FEMALE

#

RELATIONSHIP TO PRIMARY ADULT

#3: NAME (FIRST, MIDDLE, LAST)

BIRTHDATE (MM/DD/YY)

MALE  FEMALE

#

RELATIONSHIP TO PRIMARY ADULT

## TEEN MEMBERSHIP

(Use this section for individual youth or teen memberships.)

### MEMBER INFORMATION

NAME (FIRST, MIDDLE, 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

GUARDIAN #2 (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 MONTHLY ON CREDIT CARD

I authorize The Salvation Army Ray & Joan Kroc Corps Community Center to charge my credit card monthly indicated below. This is an automatic withdrawal system where payment of membership dues are regularly charged to the member's bankcard around the 20th of each month - for the next month's dues.

VISA       MASTERCARD       DISCOVER

#### SIGNATURE

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#### OPT 2: MONTHLY ELECTRONIC FUNDS TRANSFER

By signing, I give The Phoenix South Mountain Kroc Center authorization to deduct monthly dues directly from the provided bank account at my financial institution. The Phoenix South Mountain Kroc Center also reserves the right to deduct any amount past due from the same account. I understand that all debits from my bank account will be conducted 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. 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 Salvation Army Kroc Center and any involved financial institutions a reasonable opportunity to act on it (minimum of 15 business days).

NAME OF BANK ACCOUNT HOLDER

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BANK NAME

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ACCOUNT #

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TRANSIT/ABA NO. (FIRST 9 DIGITS ON CHECK)

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#### SIGNATURE

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PLEASE PROVIDE VOIDED CHECK WITH THIS APPLICATION.

## 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 - I understand that use of the facilities and equipment at The Phoenix South Mountain 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 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 Phoenix South Mountain 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

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DATE

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PARENT/GUARDIAN SIGNATURE

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DATE

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FOR INTERNAL USE ONLY: ACCEPTED BY

---

ENTERED BY

---

DATE

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INITIAL PAYMENT:

\$

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