

Membership Application

(Please Print)



MEMBERSHIP INFORMATION

#1 - PRIMARY ADULT OR GUARDIAN (Person Responsible For Payment) MALE FEMALE

NAME (First, Middle, Last) _____

CELL _____ WORK PHONE _____

E-MAIL _____ BIRTHDATE (MM/DD/YY) _____

ADDRESS/HOUSEHOLD INFORMATION

ADDRESS _____ APT# _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

HOUSEHOLD / MEMBERSHIP INFORMATION

all adults must show proof of address. Household Membership includes up to 4 people. However, additional people may be added to a Household membership for a small monthly fee, see below.

#2 - HOUSEHOLD MEMBER (if applying for a Household Membership) MALE FEMALE

NAME (First, Middle, Last) _____

CELL _____ BIRTHDATE (MM/DD/YY) _____

RELATIONSHIP TO PRIMARY ADULT _____ EMAIL _____

#3 - HOUSEHOLD MEMBER MALE FEMALE

NAME (First, Middle, Last) _____

CELL _____ BIRTHDATE (MM/DD/YY) _____

RELATIONSHIP TO PRIMARY ADULT _____ EMAIL _____

#4 - HOUSEHOLD MEMBER MALE FEMALE

NAME (First, Middle, Last) _____

CELL _____ BIRTHDATE (MM/DD/YY) _____

RELATIONSHIP TO PRIMARY ADULT _____ EMAIL _____

ADDITIONAL HOUSEHOLD MEMBERS

Each additional person is \$11 per month. If more than 1 additional members, please attach additional form.

#5 - ADDITIONAL HOUSEHOLD MEMBER MALE FEMALE

NAME (First, Middle, Last) _____

CELL _____ BIRTHDATE (MM/DD/YY) _____

RELATIONSHIP TO PRIMARY ADULT _____ EMAIL _____

EMERGENCY CONTACT INFORMATION

FIRST NAME _____

LAST NAME _____

RELATIONSHIP _____ WORK PHONE _____

CELL _____ ALTERNATE PHONE _____

PHOTO RELEASE

I hereby grant The Salvation Army, its agents and those by whom it is commissioned, unrestricted and unlimited license, right, permission, and consent to use and reuse, copyright, print, reproduce, publish, and republish, for any and all trade purposes or commercial or other advertising or public purposes, said media usage depicting me or a minor for whom I have legal responsibility. I warrant that I have not limited or restricted the use of my name or photograph to the use of any organization or person.

Initial Here _____

OFFICE USE Membership # _____

DATE (MM/DD/YY) _____

MEMBERSHIP TYPE

MEMBERSHIP PLAN / PAYMENT TERMS

(Select One)

- ANNUAL
- MONTHLY

MEMBERSHIP TYPE

(Select One)

- INDIVIDUAL
- HOUSEHOLD up to 4
- HOUSEHOLD 5 and up
- SILVER SNEAKERS®
- CORPORATE
- _____

PREMIUM

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 TV Radio
 Flyer Direct Mail Family/Friend
 Other _____
2. What programs interest you?
 Aquatics Camps
 Basketball Youth Leagues
 Ex. Classes Performing Arts
 Music Afterschool Programs
 Worship Older Adults
 Child Watch Personal Training
 Other _____
3. Household Income
 \$10,000 – 24,999
 \$25,000 – 49,999
 \$50,000 – 74,999
 \$75,000 – 99,999
 Over \$100,000
4. Household Ethnicity
 Asian/Pacific Islander
 Black/African-American
 Hispanic/Latino
 Native American
 White/Caucasian
 Other: _____
5. Are you interested in volunteering?
 Yes
 No
 Interests/Skills: _____

OFFICE USE	If paying by check, CHECK# _____
	Today's Dues \$ _____
	Monthly Dues \$ _____

PAYMENT OPTIONS

The goal of The Salvation Army Kroc Center is to offer convenient payment methods. Please review the membership payment terms below:

MEMBERSHIP

Please choose your payment options listed below.

STEP 1:

COMPANY SPONSORED (Annual renewal)

Insurance company pays annual membership in one full payment. The membership will expire at the end of December and the renewal will take place in January.

Member Initials: _____

I PREFER AN ANNUAL PAYMENT (Annual renewal)

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 Memphis.

Member Initials: _____

I PREFER MONTHLY PAYMENTS (Automatically renews)

Member pays monthly via an electronic withdrawal payment plan. The monthly payment may be drawn from a credit card or electronically transferred (EFT) from a checking account.

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 card or debit request in process at the time we receive the notice of termination will be completed.

Member Initials: _____

I PREFER MONTH-TO-MONTH PAYMENTS (In-Person renewal)

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:

Select your payment type:

CREDIT CARD

VISA MasterCard Discover

CASH

\$ _____ For

membership pricing, please see our website at krocmemphis.org/membership
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.

LIABILITY GUIDELINES

I understand that the use of facilities and equipment at The Salvation Army Kroc Center may involve risk of bodily injury or property damage. I agree to assume such risks to me and on behalf of all minors on the Membership Application, Day Pass, or other form of admittance to the Kroc Center. I understand it is up to me to consult with physicians or other medical professionals to ensure that I and my minors can safely participate in activities and events at The Salvation Army Kroc Center. I understand and agree that I am relinquishing my right and the rights of my estate or heirs to make any claim of any nature against The Salvation Army, its agents, employees, and volunteers.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT

I acknowledge that I have read this waiver and that I understand the words and language in it. I understand that I am responsible for and/or my minor child's welfare and supervision.

Member Initials: _____

I represent to The Salvation Army, that neither I, nor anyone I am signing on the behalf of, are registered sex offenders in any legal jurisdiction and that furthermore, I have an affirmative duty to The Salvation Army to immediately disclose to The Salvation Army any change in registered sex offender status for myself or anyone I am signing for who seeks admittance at the RJKCCC. For the safety of all concerned, membership is denied to known registered sex offenders.

Member Initials: _____

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

Member Initials: _____

RETURNED CHECK / ELECTRONIC FUNDS TRANSFER POLICY - There is a \$30 charge for each non-sufficient funds transaction. This places your membership on hold until payment is received.

Member Initials: _____

AUTHORIZATION RELATING TO A MINOR OR INDIVIDUAL UNDER LOCAL GUARDIANSHIP – I hereby certify that I am the parent/legal guardian of a minor child or dependent:

Member Initials: _____

RELEASE AUTHORIZATION – I hereby agree to each of the consents and waivers listed above, including the Release of Liability, as pertaining to my own or my minor's participation, in functions, activities, special events, and field trips.

Member Initials: _____

CANCELLATION POLICY - Membership fees are non-refundable. In order to cancel or make a change to a membership agreement, the Primary Member must fill out a Membership Change Form. If submitted after the 10th of the month, it will not be effective until the end of the following month.

Member Initials: _____

Investigation & Assumption of the Risk: Participant understands and agrees that participating in or being present at or around the Activity may create predictable and unexpected risks of serious physical or mental injury or death. These risks may include but are not limited to: sprains; strains; fractures; damage to the head, face or body; emotional distress, flesh wounds; muscular skeletal injuries; cosmetic injuries; emotional or physical distress; cuts; abrasions; penetrations; paralysis; foreign objects in the eye; amputations; permanent disabilities; and other serious injuries or death (collectively "risks"). Participant acknowledges that Participant has investigated and evaluated the risks and has made a voluntary and informed decision about becoming involved in the Activity. This decision is based upon Participant's independent investigation and knowledge and not the representations of The Salvation Army. Participant understands that the nature and severity of the risks may be affected by Participant's own physical and mental skills and abilities, the action or inactions of The Salvation Army or the participants, the relative skill required or competitiveness of the Activity taking place. These risks may not be readily foreseeable or under the control of The Salvation Army or the Participants. Participant acknowledges that Participant is mentally and physically ready to participate in the Activity. Participant agrees to continuously assess whether Participant can safely participate in the Activity. If Participant receives any advice or instruction from The Salvation Army or the Participants, Participant acknowledges that Participant is solely responsible for evaluating the information and choosing how to act upon it. Safety: Participants assume the responsibility to obtain and use all protective equipment that may be reasonably appropriate to ensure safe involvement in the activity. In some cases, Participant may be required to travel to and from the site of the activity. If at any time Participant believes that participating in the Activity would be unsafe, whether due to participant's physical or mental condition, skills, abilities, the location, conditions, circumstances of the Activity, or the conduct or potential conduct of the participants, Participant will immediately discontinue engaging in the Activity.

This is a waiver and release of liability. DO NOT "SUBMIT" if you: a) Have not carefully read this entire Release; b) Do not understand any part of the Release; c) Need additional time to evaluate or consider this Release; d) Do not agree to be bound by every term of the release.

MEMBER SIGNATURE _____

DATE _____

PARENT / GUARDIAN SIGNATURE _____

DATE _____