

Membership Application

THE SALVATION ARMY RAY AND JOAN KROC CORPS COMMUNITY CENTER



ADULT AND FAMILY MEMBERSHIP INFORMATION

To qualify for family membership, the primary and secondary adult and their dependents must reside in the same household.

PRIMARY ADULT

NAME (FIRST, MIDDLE, LAST)			
CELL	WORK PHONE		
# EMAIL	BIRTHDATE	<input type="radio"/> MALE	<input type="radio"/> FEMALE

SECOND ADULT

NAME (FIRST, MIDDLE, LAST)			
CELL	WORK PHONE		
# EMAIL	BIRTHDATE	<input type="radio"/> MALE	<input type="radio"/> FEMALE

HOUSEHOLD INFORMATION

ADDRESS		
CITY	STATE	ZIP
HOME PHONE		

ADDITIONAL DEPENDENTS LISTED ON MEMBERSHIP

Proof of dependency may be required including birth certificates, tax forms, or power attorney. (Please attach additional form for more dependents)

#	NAME (FIRST, MIDDLE, LAST)	VERIFIED
	BIRTHDATE (MM/DD/YY) <input type="radio"/> MALE <input type="radio"/> FEMALE	DOC
	RELATIONSHIP TO PRIMARY ADULT	INITIAL INITIAL
#	NAME (FIRST, MIDDLE, LAST)	VERIFIED
	BIRTHDATE (MM/DD/YY) <input type="radio"/> MALE <input type="radio"/> FEMALE	DOC
	RELATIONSHIP TO PRIMARY ADULT	INITIAL INITIAL
#	NAME (FIRST, MIDDLE, LAST)	VERIFIED
	BIRTHDATE (MM/DD/YY) <input type="radio"/> MALE <input type="radio"/> FEMALE	DOC
	RELATIONSHIP TO PRIMARY ADULT	INITIAL INITIAL

YOUTH MEMBERSHIP

(Use this section for individual youth memberships)

MEMBER INFORMATION

NAME (FIRST, MIDDLE, LAST)			
# BIRTHDATE (MM/DD/YY)	<input type="radio"/> MALE	<input type="radio"/> 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 TYPE

DATE (MM/DD/YY)		
CHOOSE YOUR MEMBERSHIP TYPE(S):		
<input type="radio"/> ADULT	<input type="radio"/> SENIOR	
<input type="radio"/> YOUTH		
<input type="radio"/> FAMILY I (UP TO 5 MEMBERS)		
<input type="radio"/> FAMILY II (6 MEMBERS OR MORE)		
MILITARY <input type="radio"/> YES <input type="radio"/> NO		

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 Kroc Center Hawaii with periodic email notices and mailings.

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

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.

- HOW DID YOU HEAR ABOUT THE SALVATION ARMY KROC CENTER?
 NEWSPAPER ONLINE
 DIRECT MAIL WEBSITE
 FLYER FACEBOOK / TWITTER
 RADIO EVENT
 TV OTHER
- WHAT PROGRAMS ARE YOU MOST INTERESTED IN:
 AQUATICS PRESCHOOL
DANCE FITNESS
 ARTS DAY CAMP
 MUSIC SPORTS
 THEATER AFTER-SCHOOL
CHURCH OTHER
- ARE YOU INTERESTED IN VOLUNTEERING?
 YES NO

INTERESTS/SKILLS:

MEMBERSHIP PAYMENT INFORMATION

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

O I PREFER MONTHLY PAYMENTS**OPT 1: AUTOMATIC MONTHLY ON CREDIT CARD**

I authorize The Salvation Army Ray and Joan Kroc Corps Community Center ("Kroc Center Hawaii") 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. If payment is declined, 2nd attempt will be made 1–3 days after 20th. Changes to credit card due by 10th of the month to be effective the next month.

VISA MASTERCARD AMEX DISCOVER

NAME (AS IT APPEARS ON CARD) _____

SIGNATURE _____

OPT 2: MONTHLY ELECTRONIC FUNDS TRANSFER

By signing, I give Kroc Center Hawaii authorization to deduct monthly dues directly from the provided bank account at my financial institution. Kroc Center Hawaii 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 Kroc Center Hawaii 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). Changes to the bank account on file are due by the 10th of the month to be effective the next month.

NAME OF BANK ACCOUNT HOLDER _____

BANK NAME _____

ACCOUNT # _____

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

SIGNATURE _____

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, Kroc Center Hawaii is authorized to secure emergency medical treatment at the member's expense, (3) Kroc Center Hawaii 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) **grant permission for The Salvation Army Kroc Center to make visual recordings of all individuals listed on this form for its responsible use.**

LIABILITY WAIVER - I understand that use of the facilities and equipment at Kroc Center Hawaii 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 Kroc Center Hawaii. 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 Kroc Center Hawaii facilities and services, except as limited by law.

NOTICE - In order to promote a safe and secure environment, Kroc Center Hawaii has placed video cameras in various locations. As part of our commitment to the safety of children and vulnerable persons, Kroc Center Hawaii 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 _____ and will be charged each month thereafter. MEMBER INITIALS: _____ AUTO PAY INITIAL: _____

Membership cancellations or changes to automatic payment must be submitted in person by the Primary Adult by the 10th of the month to be effective for the following auto payment. MEMBER INITIALS: _____ AUTO PAY INITIAL: _____

Your bank/credit card statement will reflect a charge by "The Salvation Army". MEMBER INITIALS: _____ AUTO PAY INITIAL: _____

MEMBER SIGNATURE _____

DATE _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____

FOR INTERNAL USE ONLY: ACCEPTED BY

POS ENTRY INITIAL: _____

DATE _____

RMS ENTRY INITIAL: _____

DATE: _____

INITIAL PAYMENT:

\$ _____

O 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. MEMBER INITIALS: _____

MAKE A DONATION & JOIN KROC CARES

Your tax-deductible donation matters! An unrestricted gift supports programs & services available at Kroc Center Hawaii. Or help a deserving individual in the community reach their potential by donating to the Kroc Center Hawaii Scholarship Program.

YES, I WANT TO HELP. I WOULD LIKE TO MAKE A ONE-TIME DONATION OF

\$ _____

UNRESTRICTED

SCHOLARSHIP

YES, I WANT TO HELP WITH A RECURRING MONTHLY DONATION OF

\$ _____

UNRESTRICTED

SCHOLARSHIP

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

INTERNAL USE:
ATTACH VOIDED CHECK