

Membership Application

(please print)

MEMBERSHIP # _____

ADULT AND HOUSEHOLD MEMBERSHIP INFORMATION

Use this section for young adult, adult, senior, or household memberships. To qualify for a household membership, all members must reside in the same household as the primary adult AND all adults must show proof of address.

PRIMARY ADULT

NAME (FIRST, MIDDLE, LAST) _____

CELL _____ WORK PHONE _____

E-MAIL _____ BIRTHDATE _____ MALE FEMALE

SECOND ADULT

NAME (FIRST, MIDDLE, LAST) _____

CELL _____ WORK PHONE _____

E-MAIL _____ BIRTHDATE _____ MALE FEMALE

HOUSEHOLD INFORMATION

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

ADDITIONAL HOUSEHOLD MEMBERS LISTED ON MEMBERSHIP

(If more than three household members, please attach additional form.)

#1 HOUSEHOLD MEMBER: NAME (FIRST, MIDDLE, LAST)

BIRTHDATE (MM/DD/YY) _____ MALE FEMALE

RELATIONSHIP TO PRIMARY ADULT _____

#2 HOUSEHOLD MEMBER: (FIRST, MIDDLE, LAST)

BIRTHDATE (MM/DD/YY) _____ MALE FEMALE

RELATIONSHIP TO PRIMARY ADULT _____

#3 HOUSEHOLD MEMBER: (FIRST, MIDDLE, LAST)

BIRTHDATE (MM/DD/YY) _____ MALE FEMALE

RELATIONSHIP TO PRIMARY ADULT _____

YOUTH MEMBERSHIP

Use this section for individual youth memberships.

MEMBER INFORMATION

NAME (FIRST, MIDDLE, LAST) _____

BIRTHDATE (MM/DD/YY) _____ MALE FEMALE

HOUSEHOLD INFORMATION

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ E-MAIL _____

PARENT/GUARDIAN INFORMATION (For applicants 18 years of age and younger)

PARENT/GUARDIAN #1 (FIRST/LAST) _____

CELL PHONE _____ WORK PHONE _____

PARENT/GUARDIAN #2 (FIRST/LAST) _____

CELL PHONE _____ WORK PHONE _____

E-MAIL _____

MEMBERSHIP TYPE

DATE (MM/DD/YY) _____

CHOOSE YOUR MEMBERSHIP TYPE(S):

YOUTH (ages 8-18)

ADULT (ages 19-61)

SENIOR (ages 62+)

HOUSEHOLD (up to 6 individuals)

EMERGENCY CONTACT INFORMATION

First Name _____

Last Name _____

Relationship _____

Cell Phone _____

Alternate Phone _____

OPTIONAL INFORMATION

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

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

NEWSPAPER ONLINE

DIRECT MAIL EVENT

FLYER TV

RADIO MEMBER REFERRAL

OTHER: _____

2. ETHNIC ORIGIN

Hispanic or Latino

White (not Hispanic or Latino)

Asian

African-American

Native Hawaiian or Pacific Islander

American Indian or Alaskan Native

Two or more races (not Hispanic or Latino)

3. WHAT PROGRAMS ARE YOU MOST INTERESTED IN?

AQUATICS COMPUTER

DANCE FITNESS

ARTS DAY CAMP

MUSIC SPORTS

THEATER AFTER-SCHOOL

OTHER: _____

4. ARE YOU INTERESTED IN VOLUNTEERING?

YES NO

INTERESTS/SKILLS: _____

THE SALVATION ARMY
**KROC
CENTER**

2825 Y Street Omaha, NE 68107
402-905-3500 • www.omahakroc.org

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.

Today's Dues: \$ _____ Check#: _____
Registration Fee: \$ _____
Monthly Dues: \$ _____
If paying by check

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.

Will pay with:

- CASH
 GIFT CERTIFICATE
 MONEY ORDER - make payable to "The Salvation Army Kroc Center"
 CHECK # _____
 CREDIT CARD (please fill out information below)

I PREFER MONTHLY PAYMENTS

- Will pay with credit card (Please fill out information below)**
I authorize The Salvation Army Kroc Center to charge my credit card monthly as indicated below. This is an automatic withdraw system where payment of membership dues are regularly charged to the member's bankcard the 1st of each month or the next business day.
- Will pay with EFT (Please fill out information below)**
By signing, I give The Salvation Army Kroc Center authorization to deduct monthly dues directly from the listed bank account at my financial institution. I understand that all debits from my bank account will be conducted on the 1st 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 debit request in process at the time we receive the notice of termination will be completed.
Please provide voided check with this application.

CREDIT CARD INFORMATION

- VISA MASTERCARD DISCOVER

NAME (as it appears on card) _____

BILLING ADDRESS _____

CARD NUMBER _____

EXPIRATION DATE (MM/DD/YY) _____

SIGNATURE _____ DATE _____

ELECTRONIC FUNDS TRANSFER (EFT) INFORMATION

NAME (of bank account holder) _____

BANK NAME _____

ACCOUNT # _____

TRANSIT/ABA # (first 9 digits on check) _____

SIGNATURE _____

DATE _____

DONATIONS

Help a deserving individual in the community reach their potential by donating an amount of your choice to The Salvation Army Kroc Center. This donation is tax-deductable.

- YES, I WOULD LIKE TO HELP. I would like to make a donation towards:
- Scholarships Program Sponsorship Area of greatest need
- With a: \$ _____ ONE-TIME GIFT / ANNUAL GIFT
 \$ _____ PER MONTH in addition to my monthly dues

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

Additional information is available at the Welcome Desk.

PHOTO RELEASE STATEMENT - Pictures are sometimes taken for newspaper, television or other media to be used for educational, advertising or publicity purposes. I hereby give my permission for all those listed on this application form to be photographed, and for the photographs to be used for the above purposes.

YES NO - Name(s) of Refusal: _____

TERMS OF MEMBERSHIP

By signing this membership application, I (we) agree to the following: (1) member and any guest(s) 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 the member, (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 the member will not be entitled to a refund of dues, and (4) membership rights are not transferable.

LIABILITY WAIVER - I understand that use of the facilities and equipment at The Salvation Army 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 Salvation Army Kroc Center. I also understand and agree that by signing this agreement, I am giving up my right (and/or the right of the minor(s) for whom I sign) to make any claim against The Salvation Army Kroc Center, 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 Kroc Center facilities and services, except as limited by law.

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.

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.

CANCELLATION POLICY - Membership fees are non-refundable. In order to cancel or make a change to a membership agreement, members must fill out a Membership Account Change Form by the 20th day of the current month for it to be effective in the same month. If submitted after the 20th of the month, it will not be effective until the end of the following month. If you cancel your membership or it has expired, registration fees will apply for renewal.

Membership Expiration Date: _____

MEMBER SIGNATURE _____ DATE _____

PARENT / GUARDIAN SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

ENTERED BY: _____ DATE _____

THE SALVATION ARMY
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CENTER**
The Salvation Army

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