

# Membership Application



RAY & JOAN  
**KROC CENTER**  
SAN DIEGO, CA

## MEMBERSHIP PLAN & TYPE Use this section to denote all membership plans and type

MEMBERSHIP PLAN  GOLD  SILVER

MEMBERSHIP TYPE  ADULT  DUAL ADULT  SENIOR  YOUTH  FAMILY  SINGLE-ADULT FAMILY  
 SILVER SNEAKER  PRIME  SILVER & FIT  ACTIVE & FIT  EMPLOYEE/TSA OFFICER

## 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.

### PRIMARY ADULT/ YOUTH

NAME (LAST, FIRST, MIDDLE)

CELL  WORK  
ALTERNATIVE PHONE  HOME

EMAIL BIRTHDATE  MALE  FEMALE

### SECONDARY ADULT

NAME (FIRST, MIDDLE, LAST)

CELL  WORK  
ALTERNATIVE PHONE  HOME

EMAIL BIRTHDATE  MALE  FEMALE

### HOUSEHOLD INFORMATION

ADDRESS

CITY STATE ZIP

HOME PHONE

### ADDITIONAL DEPENDENTS LISTED ON MEMBERSHIP Up to 6 children on a Family Membership

#1 NAME (FIRST, MIDDLE, LAST)  MALE  FEMALE

BIRTHDATE ( MM/DD/YY) RELATIONSHIP TO PRIMARY ADULT

#2 NAME (FIRST, MIDDLE, LAST)  MALE  FEMALE

BIRTHDATE ( MM/DD/YY) RELATIONSHIP TO PRIMARY ADULT

#2 NAME (FIRST, MIDDLE, LAST)  MALE  FEMALE

BIRTHDATE ( MM/DD/YY) RELATIONSHIP TO PRIMARY ADULT

#3 NAME (FIRST, MIDDLE, LAST)  MALE  FEMALE

BIRTHDATE ( MM/DD/YY) RELATIONSHIP TO PRIMARY ADULT

#4 NAME (FIRST, MIDDLE, LAST)  MALE  FEMALE

BIRTHDATE ( MM/DD/YY) RELATIONSHIP TO PRIMARY ADULT

#5 NAME (FIRST, MIDDLE, LAST)  MALE  FEMALE

BIRTHDATE ( MM/DD/YY) RELATIONSHIP TO PRIMARY ADULT

#6 NAME (FIRST, MIDDLE, LAST)  MALE  FEMALE

BIRTHDATE ( MM/DD/YY)

## EMERGENCY CONTACT/PARENT GUARDIAN

NAME (FIRST, LAST)

CELL  WORK  
ALTERNATE PHONE  HOME

RELATIONSHIP

## 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?

- COMMUNITY EVENT  
 SD.KROCCENTER.ORG  
 ONLINE SEARCH  FACEBOOK  
 MAIL  RADIO  
 FAMILY/FRIEND  MAGAZINE  
 SCHOOL  FLYER  
 NEWSPAPER  TV  
 OTHER

### 2. WHAT PROGRAMS INTEREST YOU MOST

- AFTER-SCHOOL  DANCE  
 ICE SKATING  ROCK WALL  
 AQUATICS  DAY CAMP  
 MUSIC  VISUAL ARTS  
 FAMILY SERVICES  PERFORMING ARTS  
 CHURCH  FITNESS  
 PRESCHOOL  COMPUTER  
 CELEBRATE RECOVERY  
 ICE HOCKEY

### 2. ARE YOU INTERESTED IN VOLUNTEERING

- YES  NO

INTEREST/SKILLS:

## STAY IN TOUCH

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

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

## MEMBERSHIP PAYMENT INFORMATION

### OPTION 1: AUTOMATIC MONTHLY CREDIT/DEBIT CARD PAYMENT

(EFT - Electronic Funds Transfer)

### OPTION 2: AUTOMATIC MONTHLY BANK DRAFT

(EFT - Electronic Funds Transfer)

By signing, I authorize The Salvation Army Ray & Joan Kroc Center to initiate a monthly credit card charge or bank account deduction as indicated below. The Salvation Army 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 each 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 Salvation Army Kroc Center has received written notification from the account holder 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).

\_\_\_\_\_ I understand my first automatic payment is on the 20th of each month.

\_\_\_\_\_ Membership cancellations or changes to automatic payment must be submitted by the 5th of the month to be effective for the following auto payment

ACCOUNT HOLDER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**PLEASE NOTE:** Charges will appear on your credit or bank statements as The Salvation Army - Long Beach. While our credit and debit transactions are processed through our Long Beach Headquarters, rest assured your money stays right here at the Kroc Center in San Diego.

### OPTION 3: 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.

**PLEASE NOTE:** Charges will appear on your credit or bank statements as The Salvation Army - Long Beach. While our credit and debit transactions are processed through our Long Beach Headquarters, rest assured your money stays right here at the Kroc Center in San Diego.

ACCOUNT HOLDER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## 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 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.

Consent to take and publish photographs, video, audio, and media recordings - 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.

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 (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 Salvation Army Kroc Center facilities and services, except as limited by law.

**AGREEMENT - 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. "If The Salvation Army has actual knowledge that an individual is a registered sex offender, such individual shall be denied access to the Ray and Joan Kroc Corps Community Center ("RJKCCC"). By signature on this document, I represent to The Salvation Army, that neither I, nor any of my guests, which may from time to time attend the RJKCCC are to my knowledge 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 my knowledge of the registered sex offender status for myself or any of my guests who may from time to time seek admittance at the RJKCCC pursuant to this agreement."**

MEMBER/PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## 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**

### ONE-TIME GIFT

\$5  \$10  \$25

OTHER \_\_\_\_\_

### MONTHLY RECURRING GIFT

*in addition to my monthly dues*

\$5  \$10  \$25

OTHER \_\_\_\_\_

## KROC CENTER USE ONLY

ENROLLED BY \_\_\_\_\_

DATE \_\_\_\_\_

ENTERED BY \_\_\_\_\_

DATE \_\_\_\_\_

REFERRED BY \_\_\_\_\_

SIGNED-UP USING CURRENT PROMOTION

YES  NO

ACCOUNTING \_\_\_\_\_