

# Membership Application



RAY & JOAN KROC  
CORPS COMMUNITY CENTER  
DAYTON

## ADULT AND FAMILY MEMBERSHIP INFORMATION

Use this section for individual adult or family memberships. To qualify for family membership, second adult and household members must reside in same household with primary adult.

### PRIMARY ADULT

NAME (FIRST, MIDDLE, LAST) \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_  MALE  FEMALE

### SECOND ADULT

NAME (FIRST, MIDDLE, LAST) \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BIRTHDATE \_\_\_\_\_  MALE  FEMALE

### HOUSEHOLD INFORMATION

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### ADDITIONAL HOUSEHOLD MEMBERS LISTED ON MEMBERSHIP

(please attach additional form for more household members)

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

BIRTHDATE (MM/DD/YY) \_\_\_\_\_  MALE  FEMALE

RELATIONSHIP TO PRIMARY ADULT \_\_\_\_\_

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

BIRTHDATE (MM/DD/YY) \_\_\_\_\_  MALE  FEMALE

RELATIONSHIP TO PRIMARY ADULT \_\_\_\_\_

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

BIRTHDATE (MM/DD/YY) \_\_\_\_\_  MALE  FEMALE

RELATIONSHIP TO PRIMARY ADULT \_\_\_\_\_

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

BIRTHDATE (MM/DD/YY) \_\_\_\_\_  MALE  FEMALE

RELATIONSHIP TO PRIMARY ADULT \_\_\_\_\_

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

BIRTHDATE (MM/DD/YY) \_\_\_\_\_  MALE  FEMALE

RELATIONSHIP TO PRIMARY ADULT \_\_\_\_\_

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

BIRTHDATE (MM/DD/YY) \_\_\_\_\_  MALE  FEMALE

RELATIONSHIP TO PRIMARY ADULT \_\_\_\_\_

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

BIRTHDATE (MM/DD/YY) \_\_\_\_\_  MALE  FEMALE

RELATIONSHIP TO PRIMARY ADULT \_\_\_\_\_

### MEMBERSHIP TYPE

DATE (MM/DD/YY) \_\_\_\_\_

CHOOSE YOUR MEMBERSHIP TYPE(S):

INDIVIDUAL (16 & OLDER)

FAMILY (4 OR MORE MEMBERS)

SENIOR: 55+ (INDIVIDUAL)

### CHOOSE MEMBERSHIP PLAN

BASIC  PLUS

### EMERGENCY CONTACT INFORMATION

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE \_\_\_\_\_

### ADDITIONAL 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  WEBSITE
- DIRECT MAIL  EVENT
- FLYER  TV
- RADIO  FRIEND
- SOCIAL MEDIA  COUPLES ACTIVITY
- TECHNOLOGY  CHILDREN'S PROGRAM
- CHURCH  EDUCATION

OTHER: \_\_\_\_\_

#### 2. WHAT PROGRAMS ARE YOU MOST INTERESTED IN:

- DANCE  YOUTH/TEENS
- FITNESS  ARTS
- MUSIC  THEATER

OTHER: \_\_\_\_\_

#### 3. ARE YOU INTERESTED IN VOLUNTEERING?

- YES  NO

INTERESTS/SKILLS: \_\_\_\_\_

### STAFF USE ONLY

MEMBERSHIP # \_\_\_\_\_

INITIAL PAYMENT \$ \_\_\_\_\_

PHOTO ID CHECKED BY \_\_\_\_\_

TYPE OF ID \_\_\_\_\_

## MEMBERSHIP PAYMENT INFORMATION

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

### OPT 1: AUTOMATIC MONTHLY PAYMENTS/ CARD OR FUNDS TRANSFER CREDIT

*By signing, I give The Dayton Kroc Center authorization to deduct monthly dues directly from the provided bank account at my financial institution.*

*The Dayton 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 Dayton 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).*

CREDIT CARD       VISA       DISCOVER       MASTER CARD

NAME OF BANK ACCOUNT HOLDER

BANK NAME:

ACCOUNT#:

TRANSIT #/ABA

PLEASE PROVIDE VOIDED CHECK/OR BANK STATEMENT WITH THIS APPLICATION.

SIGNATURE:

### OPT 2: 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.*

CASH       CREDIT CARD       CHECK

### OPT 3: I PREFER MONTHLY CASH PAYMENTS

**MONTHLY PAYMENT OPTION IS AVAILABLE WITH AN ADDITIONAL PROCESSING FEE OF \$1 PER MONTH.**

*Member agrees to make monthly payments at the Kroc Center. Monthly payments cover the annual membership cost. If one or more months are missed, you will be charged for all missed monthly payments as well as the current month's payment before your membership will be considered active.*

#### INITIAL PAYMENT

CASH       CHECK       CREDIT CARD

## 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, (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.**

Consistent with The Salvation Army's mission to provide a safe, comfortable and reassuring environment for children and families while ministering to their physical, spiritual, and educational needs, each applicant for membership must affirm that he or she has not at any time been convicted at any time of any crime of child abuse, child molestation, or child neglect, nor has he or she been convicted at any time of any crime which would subject him or her to a registration requirement under the provisions of Ohio RC §2950.01 et seq (sexually-oriented offenders), or any similar statute or codified law in any other jurisdiction, nor is he or she currently on any sexual offender registry in the State of Ohio or in any other jurisdiction. It is the express intention of The Salvation Army to refuse or revoke membership to any applicant who does not provide the foregoing affirmation. By making application, the prospective member acknowledges this affirmation and the limitation of his or her membership as a license and a privilege, revokable at any time by The Salvation Army upon discovery that such affirmation is untrue. Each applicant specifically acknowledges that The Salvation Army may access any publicly available sexual offender registry (such as ESORN in the State of Ohio) to attempt verification of the representations of an applicant. Should it be discovered that an applicant's representation appears to be untrue, The Salvation Army may immediately terminate the membership or refrain from extending a membership, all without liability of any nature whatsoever to the applicant whose membership has been withdrawn or refused. Each applicant for membership recognizes that signature upon this application is consent to all of the foregoing.

**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.

**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 SIGNATURE:

DATE:

REV 07/20/16

FOR OFFICE USE ONLY: ENTERED BY

DATE