

# Membership Application



## ADULT AND FAMILY MEMBERSHIP INFORMATION

Use this section for individual adult, senior, 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) \_\_\_\_\_

CELL \_\_\_\_\_ WORK PHONE \_\_\_\_\_

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

### SECOND ADULT

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

CELL \_\_\_\_\_ WORK PHONE \_\_\_\_\_

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

### HOUSEHOLD INFORMATION

ADDRESS \_\_\_\_\_

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

HOME PHONE \_\_\_\_\_

### 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 SCHOOL- \_\_\_\_\_

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

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

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

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

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

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

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

## YOUTH AND TEEN MEMBERSHIP

(Use this section for individual youth or teen memberships)

### MEMBER INFORMATION

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

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

### 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 # \_\_\_\_\_

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

## MEMBERSHIP TYPE

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

CHOOSE YOUR MEMBERSHIP TYPE(S):

- ADULT  SENIOR  
 TEEN  YOUTH  
 FAMILY I (UP TO 5 MEMBERS)  
 FAMILY II (MORE THAN 5 MEMBERS)

## EMERGENCY CONTACT INFORMATION

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

CELL PHONE \_\_\_\_\_

ALTERNATE PHONE \_\_\_\_\_

## 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?

- FRIEND  ONLINE  
 FACEBOOK  EVENT  
 FLYER  
 RADIO

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

2. WHAT PROGRAMS ARE YOU MOST INTERESTED IN:

- COMPUTER  DANCE  
 FITNESS  ARTS  
 DAY CAMP  MUSIC  
 SPORTS  AFTER-SCHOOL

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

3. ARE YOU INTERESTED IN VOLUNTEERING?

- YES  NO

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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 is authorized to secure emergency medical treatment at the member's expense, (3) The Salvation Army 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 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 The Salvation Army 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. 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's facilities and services, except as limited by law.

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

PARENT/GUARDIAN SIGNATURE

DATE

FOR OFFICE USE ONLY:

ENTERED BY

DATE