



# MEMBERSHIP APPLICATION

\*PLEASE INITIAL AND SIGN BACK OF APPLICATION

Ashland

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Business) \_\_\_\_\_  
 Employer \_\_\_\_\_ Occupation \_\_\_\_\_ E-mail \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Birthday (Month/Day/Year) \_\_\_ / \_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ q Male q Female

Please list any applicable medical restrictions: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Membership Type: q Adult q Family q Single Parent Family q Senior q Youth\*

Name(List ALL Members included in Family or Single Parent Family Membership)	Sex (M/F)	Birthdate
1.		/ /
2.		
3.		/ /
4.		
5.		
6.		
7.		/ /
8.		/ /

\* Complete for youth membership only:

Guardian/Mother's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Guardian/Father's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_ Phone \_\_\_\_\_

-----

The following optional information will help us continue to provide programming for community needs.

How did you hear about The Salvation Army Kroc Center?

q Friend/Family q Flyer q Newspaper q Radio/Television q Other \_\_\_\_\_

What led to your decision to become a member of The Salvation Army Kroc Center?

q Cost of membership q Activities/Classes/Leagues Offered q Quality of the Facility q Availability of Childcare  
 q Convenient Location q Friendly Atmosphere q Other \_\_\_\_\_

What Programs are you most interested in?

q After-School q Art q Computer q Dance q Day Camp q Family Programs/ Services  
 q Sports q Roller Skating q Soccer q Music

Ethnicity:

q White/Caucasian q African-American q Hispanic/Latino q Asian/Pacific Islander q Somali q Native American q Other

Household Income:

q Less than \$10,000 q \$10,000-24,000 q \$25,000-49,999 q \$50,000-74,999 q \$75,000-100,000 q Over \$100,000

Are you interested in becoming a volunteer? q Yes q No

Area of interest? \_\_\_\_\_

-----

FOR OFFICE USE ONLY: q Yearly q Scholarship Yearly q EFT

TERMS OF MEMBERSHIP

By signing the end of this document I (we) agree to the following terms: In case of illness or accident The Salvation Army Kroc Center is authorized to secure emergency medical treatment at my expense. The Salvation Army Kroc Center reserves the right to dismiss any member who does not show respect for the facility, including but not limited to: property, equipment, policies, other members and staff. Members who are dismissed will not be given a refund of their membership fee. THE SALVATION ARMY KROC CENTER ASSUMES NO RESPONSIBILITY FOR PERSONAL PROPERTY. By signing this application for membership to The Salvation Army Kroc Center, I (we) hereby waive any and all claims against The Salvation Army Kroc Center. I understand that I am participating in recreation, education and cultural arts activities of The Salvation Army Kroc Center at my own risk and if I am injured, The Salvation Army Kroc Center's third party medical insurance will not cover injury resulting from or aggravated by a preexisting injury or illness. I understand The Salvation Army Kroc Center recommends that all participants in The Salvation Army Kroc Center activities carry their own personal medical insurance that will cover the complete cost of any injury sustained while participating in these activities. I hereby grant permission for The Salvation Army Kroc Center to make visual recordings of all individuals listed on this form for its responsible use. Member hereby agrees to reimburse The Salvation Army Kroc Center for any lost or damaged equipment and/or property.

I will faithfully abide by the Policies, Rules and Regulations of The Salvation Army Kroc Center, I will do my best to live up to them and be a loyal active member. I understand that my membership to The Salvation Army Kroc Center is nontransferable. Annual memberships paid in full are non-refundable.

Please Initial \_\_\_\_\_

METHOD OF PAYMENT

Cash (Please no cash via mail)     Gift Certificate     Check  
 Discover    Master Card    Visa    Exp. (Month/Year): \_\_\_\_ / \_\_\_\_    Security Code: \_  
Card Number: ---

AGREEMENT - All applications must be initialed above and signed below

By signing below I (we) authorize The Salvation Army Kroc Center to process the method of payment selected above. I (we) warrant that, should the method of payment include a Credit/Bank card, the signature(s) provided below are of the Authorized card holder(s). I (we) understand and will be bound by all terms specified in this entire document including the Terms of Membership, Method of Payment, and Authorization Agreement (when applicable).

Please see the current Program Guide for the full cancellation policy.

Name(s) - Please print: \_\_\_\_\_ Date: \_\_\_\_\_

Signature(s) \_\_\_\_\_

Youth membership - Parent/Guardian Signature(s) \_\_\_\_\_

-----  
Make a contribution to The Salvation Army Kroc Center Scholarship Fund to support positive, values-based programs for children, families and seniors. Your generous gift ensures our ability to continue to provide life-enhancing programs to those who would otherwise be unable to participate.

- Make a one-time gift to positively influence the community for generations to come. \$ \_\_\_\_\_
- I prefer to be contacted directly to make my gift.

[www.ashland.salarmykroc.org](http://www.ashland.salarmykroc.org)