

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

CHECK HERE TO OPT-OUT OF EMAILS ABOUT UPCOMING CLASSES, EVENTS & CLOSURES.

SECOND ADULT

NAME (FIRST, MIDDLE, LAST) _____

CELL _____ WORK PHONE _____

EMAIL _____ BIRTHDATE _____ MALE FEMALE

CHECK HERE TO OPT-OUT OF EMAILS ABOUT UPCOMING CLASSES, EVENTS & CLOSURES.

HOUSEHOLD ADDRESS

ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS *(If different than household address.)*

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ADDITIONAL HOUSEHOLD MEMBERS LISTED ON MEMBERSHIP *(Attach additional form if needed.)*

#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 _____

YOUTH MEMBERSHIP *(Use this section for individual youth memberships)*

MEMBER INFORMATION

NAME (FIRST, MIDDLE, LAST) _____

BIRTHDATE (MM/DD/YY) _____ MALE FEMALE GUARDIAN EMAIL _____

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 TYPE

DATE (MM/DD/YY) _____

CHOOSE YOUR MEMBERSHIP TYPE(S):

- ADULT (19–64 YEARS)
- YOUTH (3–18 YEARS)
- INFANT (0–2 YEARS)
- SENIOR (65+ YEARS)
- FAMILY (UP TO 2 ADULTS PLUS CHILDREN)
- SILVER&FIT®/SILVERSNEAKERS®

EMERGENCY CONTACT & PICK UP AUTHORIZATION

1. NAME _____

RELATIONSHIP _____

CELL PHONE _____

- Emergency Pick-up Authorization

2. NAME _____

RELATIONSHIP _____

CELL PHONE _____

- Emergency Pick-up Authorization

3. NAME _____

RELATIONSHIP _____

CELL PHONE _____

- Emergency Pick-up Authorization

MEMBERSHIP PAYMENT INFORMATION

INTERNAL USE:
ATTACH RECEIPT

Please choose between the payment options listed below.

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.

I UNDERSTAND ANNUAL PAYMENTS ARE NON-REFUNDABLE.

MEMBER INITIALS

I PREFER MONTHLY PAYMENTS

OPT 1: AUTOMATIC MONTHLY ON VISA/MC/AMEX/DISCOVER

I authorize The Salvation Army to charge my credit card monthly. This is an automatic withdrawal system where payment of membership dues are regularly charged to the member's bankcard around the 20th of each month—for the next month's dues. 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 Community Center has received written notification from me of its termination in such time and in such manner as to afford The Salvation Army and any involved financial institutions a reasonable opportunity to act on it (minimum of 10 business days).

NAME (AS IT APPEARS ON CARD)

SIGNATURE

DATE

OPT 2: MONTHLY ELECTRONIC FUNDS TRANSFER

By signing, I give The Salvation Army authorization to deduct monthly dues directly from the provided bank account at my financial institution. I understand that all debits from my bank account will be conducted around the 20th of the current month for the next month. 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 has received written notification from me of its termination in such time and in such manner as to afford The Salvation Army and any involved financial institutions a reasonable opportunity to act on it (minimum of 10 business days). **PLEASE PROVIDE VOIDED CHECK WITH THIS APPLICATION.**

NAME OF BANK ACCOUNT HOLDER

BANK NAME

ACCOUNT #

TRANSIT/ABA NO. (FIRST 9 DIGITS ON CHECK)

SIGNATURE

DATE

INTERNAL USE: ATTACH VOIDED CHECK

MONTHLY AUTOMATIC/ELECTRONIC PAYMENT TERMS & CONDITIONS

1. MEMBERSHIP CANCELLATIONS OR CHANGES TO AUTOMATIC PAYMENT MUST BE SUBMITTED IN WRITING BY THE 10TH OF THE MONTH TO BE EFFECTIVE FOR THE FOLLOWING AUTO PAYMENT.

MEMBER INITIALS

2. MEMBERSHIP FEES AND DUES ARE NON-REFUNDABLE.

MEMBER INITIALS

3. I UNDERSTAND MY FIRST AUTOMATIC PAYMENT IS ON:

MEMBER INITIALS

OPT 3: MONTHLY, IN-PERSON PAYMENTS

Monthly, in-person payments can be made at the front desk. Cash, check and credit cards are accepted. Please note: this option increases your monthly price. Visit the front desk to view current monthly, in-person payment membership rates. If you do not pay by each month's due date, your membership will expire and the registration fee may be charged for reinstatement.

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

YOUTH SUPERVISION POLICY—Children under 6 years must be accompanied by an adult (or enrolled in Playcare) at all times. Youth 7 years and older simply need a supervising adult within the facility.

NOTICE—In order to promote a safe and secure environment, The Salvation Army has placed video cameras in various locations throughout the facility. As part of our commitment to the safety of children and vulnerable persons, The Salvation Army Community 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/PARENT/GUARDIAN SIGNATURE

DATE

FOR INTERNAL USE ONLY: ACCEPTED BY

DATE

INITIAL PAYMENT:

ENTERED BY

DATE

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