



MEMBERSHIP APPLICATION

DATE (MM/DD/YY)

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.

FIRST HOUSEHOLD MEMBER

MEMBER ID (OFFICIAL USE ONLY)

NAME _____ EMAIL _____

CELL _____ WORK PHONE _____

RELATIONSHIP _____ BIRTHDATE _____ MALE FEMALE

SECOND ADULT

MEMBER ID (OFFICIAL USE ONLY)

NAME _____ EMAIL _____

CELL _____ WORK PHONE _____

RELATIONSHIP _____ 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

RELATIONSHIP TO PRIMARY ADULT _____ MEMBER ID (OFFICIAL USE ONLY) _____

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

BIRTHDATE (MM/DD/YY) _____ MALE FEMALE

RELATIONSHIP TO PRIMARY ADULT _____ MEMBER ID (OFFICIAL USE ONLY) _____

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

BIRTHDATE (MM/DD/YY) _____ MALE FEMALE

RELATIONSHIP TO PRIMARY ADULT _____ MEMBER ID (OFFICIAL USE ONLY) _____

YOUTH MEMBERSHIP

(USE THIS SECTION FOR INDIVIDUAL YOUTH MEMBERSHIPS)

MEMBERSHIP INFORMATION

MEMBER ID

NAME _____ EMAIL _____

CELL _____ WORK PHONE _____

RELATIONSHIP _____ BIRTHDATE _____ MALE FEMALE

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 TYPE

CHOOSE YOUR MEMBERSHIP TYPE(S):

- YOUTH 12-17 ADULT 26+
- YOUNG ADULT 18-25 SENIOR 55+
- ONE ADULT FAMILY (MAX 3 CHILDREN)
- TWO ADULT FAMILY (MAX 3 CHILDREN)

EMERGENCY CONTACT

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 FIRS THE NEEDS OF THE LOCAL COMMUNITY.

1. HOW DID YOU HEAR ABOUT THE SALVATION ARMY KROC CENTER?

- NEWSPAPER ONLINE
- DIRECT MAIL EVENT
- FLYER TV
- RADIO POSTCARD
- OTHER _____

2. WHAT PROGRAMS ARE YOU MOST INTERESTED IN

- AQUATICS AFTER-SCHOOL
- CHILD CARE DANCE
- DAY CAMP FITNESS
- MUSIC REC. LEAGUES
- SPORTS THEATRE
- WORSHIP FINANCIAL AID
- OTHER _____

2. ARE YOU INTERESTED IN VOLUNTEERING?

- YES NO

INTERESTS/SKILLS _____

MEMBERSHIP PAYMENT INFORMATION

THE GOAL OF THE SALVATION ARMY KROC CENTER IS TO OFFER CONVENIENT PAYMENT METHODS. PLEASE CHOOSE BETWEEN THE OPTIONS LISTED BELOW.

I PREFER MONTHLY PAYMENTS

OPT 1: AUTOMA TIC MONTHLY ON MY CREDIT/DEBIT CARD

I authorize The Salvation Army Ray & Joan Kroc Center to charge my credit card monthly indicated below. 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.

SIGNATURE _____

DATE _____

OPT 2: MONTHLY ELECTRONIC FUNDS TRANSFER

By signing, I give The Salvation Army Kroc Center authorization to deduct monthly dues directly from the listed bank account at my financial institution. The Salvation Army 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 on the 20th of each 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 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). Signature

SIGNATURE _____

DATE _____

PLEASE PROVIDE VOIDED CHECK WITH THIS APPLICATION.

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.

Annual payments are non-refundable, except as required by MA state law.

MEMBER INITIALS: _____

CASH _____

CHECK _____

MONEY ORDER (MAKE PAYABLE TO THE SALVATION ARMY KROC CENTER _____

OR VISA _____

MASTERCARD _____

SIGNATURE _____

DATE _____

REFUND POLICY

BEYOND THE INITIAL 30 DAYS OF MEMBERSHIP, REFUNDS OF NO MORE THAN ONE-HALF OF THE ANNUAL CASH MEMBERSHIP FEES PAID MAY BE MADE WHEN A PERSON MOVES FROM BOSTON TO ANOTHER CITY OR STATE; WHEN EXPULSION IS ORDERED; OR A MEMBERS RESIGNS FOR MEDICAL REASONS. REFUNDS FOR CREDIT-DEBIT CARD DRAFTS, OR MONTHLY PAYMENTS. A PERSON USING A BANK DRAFT MUST GIVE 30 DAYS WRITTEN NOTICE TO STOP DRAFTS.

FEE NOTICES: ALL ELECTRONICALLY TRANSFERRED FUNDS THAT DO NOT PROCESS DUE TO INSUFFICIENT FUNDS WILL BE CHARGED A FEE OF **\$35.00**

CANCELLATION OF MEMBERSHIP AND REFUND

Cancellation of membership within the first three (3) business days of signing this agreement: members who wish to cancel this agreement may cancel by delivering or mailing by certified mail, return receipt requested, written notice to the salvation army kroc center. The notice must state that the member does not wish to be bound by the agreement and must be delivered or mailed before 12:00 midnight of the third business day after the member signs and receives a copy of this agreement. The notice must be delivered or mailed to the salvation army kroc center, 650 dudley street, boston, ma 02125.

Cancellation after the first three (3) business days of signing this agreement: members who wish to cancel this agreement may cancel by delivering to or mailing by certified mail, return receipt requested, written notice to the salvation army kroc center. Cancellation will become effective 30 days from the date of receipt of such written notice of cancellation. If the agreement is a one year agreement, cancellation of the agreement will become effective on the anniversary date of the agreement.

Revisions to this agreement: membership fees, dues, charges, membership rules, regulations and policies, and the terms and conditions of the salvation army kroc center are subject to change by center management from time to time. Members will be notified of such changes in any manner which the center deems appropriate.

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.

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 - Use of The Salvation Army Kroc Center facilities is available to members in good standing and their eligible guests. The Center retains the right to maintain confidential personal data on file, and members have a right to inspect such data by appointment. The Salvation Army Kroc Center reserves the right to consult public sources to determine whether a member or guest poses or may pose a risk of harm to persons in or about the facilities, and to withhold or withdraw membership rights, in whole or in part, according to such determination.

I understand that automatic payments from my credit/debit card will be taken out on the 20th of each month for the following month: MEMBER INITIALS: X_____

I understand any changes submitted after the 10th of the month will be effective the following month. MEMBER INITIALS: X_ _____

MEMBER SIGNATURE _____

DATE _____

PARENT/GUARDIAN SIGNATURE (PARENT/GUARDIAN MUST SIGN FOR MEMBERS UNDER 18 YEARS) _____

DATE _____

FOR INTERNAL USE ONLY: ACCEPTED BY _____

INITIAL PAYMENT

ENTERED BY _____

DATE _____

\$ _____