

Membership Application

(Please Print)

Employee Initials _____

Date Submitted _____

Data Entry _____



KROC
HAMPTON ROADS

2021

MEMBERSHIP INFORMATION

#1 - PRIMARY ADULT OR GUARDIAN (Person Responsible For Payment)

MALE FEMALE

NAME (First, Middle, Last)

PLACE OF EMPLOYMENT _____

CELL _____ WORK PHONE _____

E-MAIL _____ BIRTHDATE (MM/DD/YY) _____

ADDRESS/HOUSEHOLD INFORMATION

ADDRESS _____ APT# _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

HOUSEHOLD / MEMBERSHIP INFORMATION

To qualify for a household membership, all members must reside in the same household as the primary adult AND must show proof of address. Household Membership includes up to 2 adults and 4 children; additional residents of household may be added to a membership for a small monthly fee.

#2 - HOUSEHOLD MEMBER

MALE FEMALE

NAME (First, Middle, Last)

CELL _____ BIRTHDATE (MM/DD/YY) _____

RELATIONSHIP TO PRIMARY ADULT _____

#3 - HOUSEHOLD MEMBER

MALE FEMALE

NAME (First, Middle, Last)

CELL _____ BIRTHDATE (MM/DD/YY) _____

RELATIONSHIP TO PRIMARY ADULT _____

#4 - HOUSEHOLD MEMBER

MALE FEMALE

NAME (First, Middle, Last)

CELL _____ BIRTHDATE (MM/DD/YY) _____

RELATIONSHIP TO PRIMARY ADULT _____

#5 - ADDITIONAL HOUSEHOLD MEMBER

MALE FEMALE

NAME (First, Middle, Last)

CELL _____ BIRTHDATE (MM/DD/YY) _____

RELATIONSHIP TO PRIMARY ADULT _____

FOR ADDITIONAL HOUSEHOLD MEMBERS, PLEASE ATTACH ADDITIONAL FORM

MEMBERSHIP TYPE

MEMBERSHIP TYPE (Select One)

- ADULT
- ADULT PLUS ONE
- FAMILY
- SENIOR/YOUTH
- SENIOR PLUS ONE
- OTHER _____

How did you hear about The Salvation Army Kroc Center?

- Email Internet TV Radio
- Flyer Direct Mail Family/Friend
- Other

Are you interested in volunteering?

- Yes
- No
- Interests/Skills: _____

Would you like more information on any of the following activities?

- Youth Programs
- Men's/Women's Fellowship
- Bible Study

* Please see our Membership Policies for a complete list of policies and procedures for all areas of The Kroc Center.

* We reserve the right to temporarily close The Kroc Center for emergencies, maintenance, and general repairs with sufficient notice given to membership.

EMERGENCY CONTACT INFORMATION

FIRST NAME _____

LAST NAME _____

RELATIONSHIP _____ WORK PHONE _____

CELL _____ ALTERNATE PHONE _____

STEP 1

Option A: I PREFER AN ANNUAL PAYMENT

Member pays annual dues in one payment. Your expiration date will be one year from your joining date. Note: Charges appear on statements as The Salvation Army Kroc Center.

Option B I PREFER MONTHLY PAYMENTS (Automatically renews)

Member pays monthly via an electronic withdrawal payment plan. The monthly payment may be drawn from a credit card or electronically transferred (EFT) from a checking account.

By signing, I give The Salvation Army Kroc Center authorization to deduct monthly dues directly from the account listed below. I understand that all withdrawals will be conducted on the 20th of each month regardless of date joined. **This authorization is to remain in full force and effect for one year, and then automatically renews monthly until The Salvation Army Kroc Center has received written notification from me of its termination.** Any credit card or debit request in process at the time we receive the notice of termination will be completed.

.... **Member Initials:** _____

Option C I PREFER A NO CONTRACT MEMBERSHIP

Member pays in advance, in monthly increments, for no-contract membership. If membership lapses there will be a \$15 Administrative Fee for renewing membership.

STEP 2

SEEDS OF HOPE DONATION PROGRAM

The Seeds of Hope Program is funded through small monthly donations added directly to membership fees. The funds go directly to the Joshua P. Darden Membership Scholarship fund, which helps provide membership & program opportunities to low income families.

YES! I would like to help. I would like to make a donation of:

\$_____ per month in addition to my monthly dues

NO I do not want to participate at this time.

STEP 3 RECURRING PAYMENT TYPE

CREDIT/DEBIT CARD

VISA MasterCard/Discover Am Ex DEBIT/CHECKING

NAME (as it appears on credit card): _____

BILLING ADDRESS _____

LAST 4 DIGITS OF CARD _____

EXPIRATION DATE (MM/DD/YY) _____

SIGNATURE _____

DATE _____

By signing this Membership Application, I (we) agree to the following: (1) members and any guests will abide by 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 members, (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, and (4) membership rights are not transferable.

RELEASE & WAIVERS

PHOTO RELEASE – I certify that I am the age of majority, and having the right to contract in my own name and on behalf of all minors on the membership application, day pass, or other form of admittance to the Kroc center and to the extent herein set forth. I hereby irrevocably grant to the salvation army, its successors and assigns, its agents and those by whom it is commissioned, the absolute, unrestricted and unlimited license, right, permission, and consent to use and reuse, disseminate, copyright, print, reproduce, publish and republish, for any and all trade purposes or commercial or other advertising or public purposes, and in any and all advertising, publicity, display, publication or media, my and my minor's names, signature and likenesses, and any portraits, pictures, photographic prints or other representations of me and/or my minors, or in which any may appear, or any reproductions or sketches thereof or parts thereof, photographic or otherwise, with such additions, deletions, alterations or changes therein as you in your discretion may make, either separately or together with names or fictitious names, or the name of another person, with or without any statements or testimonials made by me, or authorized by me which you may, in your discretion, prepare for use in connection therewith. I warrant that i have not limited or restricted the use of my or my minor's name or photograph to the use of any organization or person. I hereby grant unrestricted use of audio tracks or text by the salvation army for such purposes as the salvation army may deem appropriate. I hereby release and discharge the salvation army, its successors, assigns and agents from any and all claims and demands arising out of or in connection with the use of any of the foregoing, including any claims for defamation, invasion of privacy or violation of any statutory right. **Member Initials** _____

LIABILITY WAIVER – I understand that the use of facilities, equipment, and participation in programs offered by The Salvation Army Kroc Center may involve risk of bodily injury or property damage. I agree to assume such risks to me and on behalf of all minors on the Membership Application, Day Pass, or other form of admittance to the Kroc Center. I understand it is up to me to consult with physicians or other medical professionals to ensure that I and my minors can safely participate in activities and events at The Salvation Army Kroc Center. I understand and agree that I am relinquishing my right and the rights of my estate or heirs to make any claim of any nature against The Salvation Army, its agents, employees, and volunteers. **Member Initials** _____

I represent to The Salvation Army, that neither I, nor anyone I am signing on the behalf of, are registered sex offenders in any legal jurisdiction and that furthermore, I have an affirmative duty to The Salvation Army to immediately disclose to The Salvation Army any change in registered sex offender status for myself or anyone I am signing for who seeks admittance at the RJKCCC. For the safety of all concerned, membership is denied to known registered sex offenders. **Member Initials** _____

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.

RETURNED CHECK / ELECTRONIC FUNDS TRANSFER POLICY - There is a \$30 charge for each non-sufficient funds transaction. Non-payment may result in termination of membership. **Member Initials** _____

CANCELLATION POLICY - Membership fees are non-refundable. In order to cancel or make a change to a membership agreement, the Primary Member must fill out a Membership Change Form. If submitted after the 10th of the month, it will not be effective until the end of the following month. To cancel my membership during the first year will result in a penalty of TWO monthly payments. **Member Initials** _____

RELEASE AUTHORIZATION – I hereby agree to each of the consents and waivers listed above, including the Liability Waiver, as pertaining to my own or my minor's participation, in functions, activities, special events, and field trips. I hereby certify that I am the parent/legal guardian of all minor children or dependents on the Membership Application, Day Pass, or other form of admittance to the Kroc Center and have executed these releases on (his)/(her) behalf. **Member Initials** _____

I understand that this is a legal document. I acknowledge that I have read this document and that I understand the words and language in it.

SIGNATURE _____ **DATE** _____

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

PRINTED NAME _____ **DATE** _____

FLEX RATE Addendum

PRIMARY ADULT OR GUARDIAN (Person Responsible for Payment) _____

NAME (First, Middle, Last)

 **List all other individuals in the household and indicate whether they will be included in the membership plan.**

Name	Age	Sex	Relationship to Applicant	Birthdate	Applying (Y/N)

INCOME


Attach copies of all relevant documents. Application cannot be processed without.

Annual Income (based on 1040) \$ _____
Additional Monthly Income: \$ _____
 Social Security \$ _____
 S.S.I. \$ _____
 TANF \$ _____
 Child Support \$ _____
 SNAP \$ _____
 Other \$ _____

Please list any special circumstances you would like us to know

* Submit completed application(s) and all supporting paperwork to the Front Desk of The Kroc Center. **Incomplete applications will not be considered. Any information found to be fraudulent will result in loss or denial of the Flex Rate. Any information found to be fraudulent after approval may result in the membership being cancelled. Only persons living in the household and listed on the membership application may be on the membership.**

* Please be prepared to pay your initial payment at the time of registration and continue to follow the payment schedule according to the membership policies, should you lapse on your payment schedule we reserve the right to terminate the membership. Membership payments will be made by automatic monthly withdraw.

 I certify that all information contained in this application is complete and accurate. I understand that giving missing or false information could result in my application being denied or revoked. I verify that I understand and agree with the policies and procedures listed.

SIGNATURE: _____

DATE: _____

Income Guidelines 2019 (Annual)

FAMILY SIZE	25% Discount	50% Discount	75% Discount
1	\$ 24,280	\$ 18,210	\$ 12,140
2	\$ 32,980	\$ 24,690	\$ 16,460
3	\$ 41,560	\$ 31,170	\$ 20,780
4	\$ 50,200	\$ 37,650	\$ 25,100
5	\$ 58,840	\$ 44,130	\$ 29,420
6	\$ 67,480	\$ 50,610	\$ 33,740

Annual Contract – Flex Rates (Monthly)

Plan Type	Base Rate	25% Discount	50% Discount	75% Discount
Individual	\$38	\$28.50	\$19	\$9.50
Senior/Youth	\$30	\$22.50	\$15	\$7.50
Adult +1	\$58	\$43.50	\$29	\$14.50
Senior+1	\$50	\$37.50	\$25	\$12.50
Family	\$68	\$51.00	\$34	\$17

NOTES:

- * No Annual pre-pay FLEX Rate available.
- * No Flex Rate month-to-month option available.
- * If Flex Rate is applied, no other discounts are applied.