



MEMBERSHIP TYPE

<input type="checkbox"/> FAMILY	<input type="checkbox"/> PREMIUM FAMILY
<input type="checkbox"/> ADULT 18-61	<input type="checkbox"/> PREMIUM ADULT
<input type="checkbox"/> SENIOR 62+	<input type="checkbox"/> PREMIUM SENIOR
<input type="checkbox"/> YOUTH 0-17	<input type="checkbox"/> MILITARY / SERVICE

DATE _____

MEMBERSHIP APPLICATION <

PRIMARY ADULT

NAME _____

PRIMARY PHONE _____ WORK PHONE _____

EMAIL _____ BIRTHDATE _____

MALE FEMALE

ADDRESS _____

CITY _____ STATE/ZIP _____

SECONDARY ADULT

NAME _____

PRIMARY PHONE _____ WORK PHONE _____

EMAIL _____ BIRTHDATE _____

MALE FEMALE

ADDITIONAL HOUSEHOLD MEMBERS

NAME	RELATION TO PRIMARY ADULT		
# _____	BIRTHDATE / /	AGE	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
NAME	RELATION TO PRIMARY ADULT		
# _____	BIRTHDATE / /	AGE	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
NAME	RELATION TO PRIMARY ADULT		
# _____	BIRTHDATE / /	AGE	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>

YOUTH MEMBERSHIP

NAME _____ RELATION TO PRIMARY ADULT _____

_____ BIRTHDATE / / AGE MALE FEMALE

GUARDIAN NAME _____ ADDRESS _____

GUARDIAN CELL _____ CITY _____ STATE/ZIP _____

EMERGENCY CONTACT

NAME _____

CELL _____ WORK PHONE _____

MEMBERSHIP PAYMENT INFORMATION

- I PREFER MANUAL MONTHLY PAYMENTS FOR \$ _____
- I PREFER AUTOMATIC MONTHLY PAYMENTS FOR \$ _____
- I PREFER AN ANNUAL PAYMENT OF \$ _____

INITIAL PAYMENT

- CASH
- CREDIT CARD

TOTAL

- VISA MASTERCARD DISCOVER

NAME (AS IT APPEARS ON CARD)

BILLING ADDRESS

CARD #

EXP.

SIGNATURE

SCHOLARSHIP DONATIONS

Help a deserving individual in the community reach their potential by making a donation of any amount to the Kroc Center Chicago Scholarship Program.

This donation is tax-deductible.

- YES, I WOULD LIKE TO HELP. I WOULD LIKE TO MAKE A DONATION OF \$ _____
- NO, I DO NOT WANT TO PARTICPATE AT THIS TIME.

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, Kroc Center Chicago is authorized to secure emergency medical treatment at the member's expense; (3) Kroc Center Chicago 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 transferrable, 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 Kroc Center Chicago. 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 Kroc Center Chicago facilities and services, except as limited by law.

AGREEMENT - 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, Kroc Center Chicago 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. "If The Salvation Army has actual knowledge that an individual is a registered sex offender, such individual shall be denied access to the Ray and Joan Kroc Corps Community Center ("RJKCCC"); By signature on this document, I represent to The Salvation Army, that neither I, nor any of my guests, which may from time to time attend the RJKCCC are to my knowledge 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 my knowledge of the registered sex offender status for myself or any of my guests who may from time to time seek admittance at the RJKCCC pursuant to this agreement." The Kroc Center Chicago will be closed for (1) one week for services and repairs, dates to be determined annually. This time is figured into the membership rates.

INITIALS

CANCELLATIONS/CHANGES - Membership cancellations or changes (i.e. automatic payment) must be submitted by the 10th of the month to be effective for the following auto payment.

AUTHORIZATION - I authorize The Salvation Army Ray & Joan Kroc Center to charge my credit card monthly or annually as indicated above. This is an automatic withdrawal system in which payment of membership dues are regularly charged to the member's card around the 20th of each month for the next month's dues.

Membership fees and registration fee are non-refundable.

INITIALS

MEMBER SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE