

MEMBERSHIP PAYMENT INFORMATION We offer several convenient payment methods. Please choose between the options listed below.

I PREFER MONTHLY CREDIT CARD PAYMENTS

AUTOMATIC MONTHLY ON VISA/MASTERCARD

I authorize The Salvation Army Ray & Joan Kroc Center to charge my credit card monthly indicated below. This is an automatic system where payment of membership dues are regularly charged to the member's bank card around the 20th of each month – for the next month's dues.

VISA MASTERCARD

NAME (AS IT APPEARS ON CARD)

BILLING ADDRESS

CARD NUMBER

EXPIRATION DATE (MM/DD/YY)

SIGNATURE

DATE

MONTHLY ELECTRONIC FUNDS TRANSFER

By signing, I give The Salvation Army Kroc Center authorization to deduct monthly dues directly from the provided 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 around the 20th of the current month for the next 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 10 days).

NAME OF BANK ACCOUNT HOLDER

BANK NAME

ACCOUNT #

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

SIGNATURE

PLEASE PROVIDE VOIDED CHECK WITH THIS APPLICATION.

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 - 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.

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 ("RKCCC"). 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 RKCCC 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 RKCCC pursuant to this Agreement.

I understand my first automatic payment is on: _____ MEMBER INITIALS: _____

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

MEMBER SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

FOR INTERNAL USE ONLY: ACCEPTED BY		INITIAL PAYMENT:
ENTERED BY	DATE	\$

I HAVE A PAYEE AS MY FINANCIAL MANAGER

PAYEE NAME

AGENCY

ADDRESS

PHONE

I authorize The Kroc Center personnel to contact my payee to set up payment. I understand that The Kroc Center will send a confirmation payment letter to my payee within 3 business days from the date my scholarship is redeemed. I understand that if my scholarship lapses without payment for more than 30 days, I will need to back-pay or reapply for a scholarship.

SIGNATURE _____ DATE _____

I PREFER MONTHLY CASH PAYMENTS

DATE SCHOLARSHIP ISSUED: _____

You will be issued a Monthly Silver Membership which may be renewed up to 12 times during the year it was issued.

SIGNATURE _____ DATE _____

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. Scholarships are valid for one year. At the end of the year, recipient will receive a courtesy reminder to reapply for their scholarship prior to the date their current scholarship expires.

Annual payments are non-refundable. MEMBER INITIALS: _____

CASH GIFT CERTIFICATE

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

CHECK CHECK NUMBER: _____

OR VISA MASTERCARD

NAME (AS IT APPEARS ON CARD)

BILLING ADDRESS

CARD NUMBER

EXP. DATE (MM/DD/YY)

SIGNATURE _____ DATE _____



Refreshment Services Pepsi Scholarship Program

The Salvation Army Ray & Joan Kroc Corps Community Center is pleased to partner with Refreshment Services Pepsi to provide this scholarship program helping provide access to The Kroc Center. It was Joan Kroc's vision and expectation that all individuals have equal opportunities to grow their natural gifts and talents.



The Kroc Center staff and Scholarship Program Manager look forward to connecting Scholarship recipients with opportunities in family and community education and personal enrichment programs. We are here to help you connect and to answer any questions you may have.

405 Vermont Street
Quincy, IL 62301
(217) 222-5762
krocquincy.org



Name (Printed)

INITIAL BELOW

SCHOLARSHIP PROGRAM POLICIES

- All applicants must have lived within the greater tri-state area for at least 3 months.
- Scholarships will be awarded based on eligibility, funding, timeliness, and space available. Application does not guarantee assistance.
- Scholarships are valid for one year. At the end of the year, recipient will receive a courtesy reminder to reapply for their scholarship prior to the date their current scholarship expires.
- An adult membership begins at the age of 18. A family membership is defined as a household with two adults (18 or over) and minor legal dependents living in that household. The ONLY two exceptions are as follows: If the third adult is disabled and is legally dependent on the adults in the household or if the third adult is elderly and is physically, emotionally, or legally dependent on the adults in the household. Proof of dependence is required for scholarship approval. Any family members that are listed as household members require verification that proves that these individuals under the age of 21 are in fact a child or dependent of the primary billing costumer.
- Acceptable forms of Dependency verification are as follows: Birth Certificate/hospital record showing the child's parent(s), or Court-approved adoption papers (with signature or seal), or Court – approved letters of guardianship (with signature or seal), or Adoption placement agreement and petition for adoption, or court order that shows the child parents or guardianship, or tax return form stating those that they claim.
- Scholarships for individuals and families are the same as regular membership categories. (The same rules and policy requirements apply to a scholarship membership). Categories are: Adult, Family, Family +5, Golden Ager, Teen, and Youth.
- Income verification will be required with all Scholarship Applications; it is required and can not be considered without it. (Acceptable forms of income are as follows: Current tax return or two consecutive pay stubs; or benefits statement for AFDC, SSI, Child Support; or letter from Employer on company letterhead; or retirement benefits letter; or disability or social security award letter).
- Scholarship recipients are expected to financially contribute toward the membership. Recipients will be asked to pay 25%, 50%, or 75% of the Silver Membership based on financial needs and other eligibility.
- Approved scholarship recipients/families will receive all benefits associated to a Silver Membership.
- Qualified applicants will receive approval on a monthly basis, provided there is not a waiting list.
- Changes allowed to a scholarship membership within the scholarship year are the following: Birth in the family, Death of a member, Marriage/Divorce, Address and Contact Information change or a change in billing information. Scholarship recipient is allowed one member change to a scholarship, please note, the scholarship committee must review all proposed changes before being implemented.
- It is important that scholarships are awarded to individuals who use the center. We encourage a scholarship member to use the facility an average of 4 times a month. The Scholarship can be revoked if recipient fails to utilize the facility at these minimum levels.
- All scholarships are confidential. Applicants agree to refrain from discussing awards with others.
- If your scholarship lapses more than 30 days without payment, you will need to back-pay or reapply.
- Awarded scholarships are not transferable. Kroc Center reserves the right to modify the scholarship program policy at any time.

Scholarship 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	<input type="radio"/> MALE <input type="radio"/> FEMALE

SECOND ADULT	NAME (FIRST, MIDDLE, LAST)		
	CELL	WORK PHONE	
	EMAIL	BIRTHDATE	<input type="radio"/> MALE <input type="radio"/> FEMALE

HOUSEHOLD INFORMATION

ADDRESS

CITY STATE ZIP

HOME PHONE

DEPENDENT HOUSEHOLD MEMBERS LISTED ON MEMBERSHIP

(please attach additional form for more household members)

Proof of dependency required. (Ex. Birth Certificate/ hospital record showing the child's parent(s), or Court-approved adoption papers (with signature or seal), or Court – approved letters of guardianship (with signature or seal), or Adoption placement agreement and petition for adoption, or court order that shows the child parents or guardianship, or tax return form stating those that they claim).

#1 MEMBER	NAME (FIRST, MIDDLE, LAST)		
	BIRTHDATE (MM/DD/YY)	<input type="radio"/> MALE <input type="radio"/> FEMALE	
	RELATIONSHIP TO PRIMARY ADULT		

#2 MEMBER	NAME (FIRST, MIDDLE, LAST)		
	BIRTHDATE (MM/DD/YY)	<input type="radio"/> MALE <input type="radio"/> FEMALE	
	RELATIONSHIP TO PRIMARY ADULT		

#3 MEMBER	NAME (FIRST, MIDDLE, LAST)		
	BIRTHDATE (MM/DD/YY)	<input type="radio"/> MALE <input type="radio"/> FEMALE	
	RELATIONSHIP TO PRIMARY ADULT		

#4 MEMBER	NAME (FIRST, MIDDLE, LAST)		
	BIRTHDATE (MM/DD/YY)	<input type="radio"/> MALE <input type="radio"/> FEMALE	
	RELATIONSHIP TO PRIMARY ADULT		

YOUTH AND TEEN SCHOLARSHIP

(Use this section for individual youth or teen memberships. Youth age 11 & under must be supervised by an adult member at all times).

MEMBER INFORMATION

NAME (FIRST, MIDDLE, LAST)

BIRTHDATE (MM/DD/YY) 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

DATE (MM/DD/YY)

CHOOSE YOUR MEMBERSHIP TYPE(S):

- ADULT GOLDEN AGER
- TEEN YOUTH
- FAMILY (UP TO 5 MEMBERS)
- FAMILY (MORE THAN 5 MEMBERS)

EMERGENCY CONTACT INFORMATION

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 fits 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

OTHER:

3. ARE YOU INTERESTED IN VOLUNTEERING?

- YES NO

INTERESTS/SKILLS:

- COMMUNITY OUTREACH
- ADMINISTRATION
- CHILDREN'S PROGRAMS
- HOLIDAY PROGRAMS/EVENTS
- SPECIAL EVENTS
- OTHER

Name (Printed) _____ Date _____ Scholarship # _____

GETTING TO KNOW YOU

On a scale from 1 to 5 (1 strongly disagree, 5 being strongly agree), please circle what best describes you and your family?

I AM INTERESTED IN CLASSES ABOUT:

GRIEF/COUNSELING	1	2	3	4	5	MARRIAGE/RELATIONSHIPS	1	2	3	4	5
FITNESS/HEALTH	1	2	3	4	5	PARENTING/CHILDREN	1	2	3	4	5
AQUATICS/SWIM LESSONS	1	2	3	4	5	TECHNOLOGY/EDUCATION	1	2	3	4	5
FAITH-BASED/MINISTRY	1	2	3	4	5	KIDS CAMPS/ACTIVITIES	1	2	3	4	5
FINANCIAL/BUDGETING	1	2	3	4	5						

Are you a student? YES NO

Are you currently living with your parents/guardians? YES NO If yes, please include your parents' income verification documents.

Proof of income required. (Ex. Current tax return or two consecutive pay stubs; or benefits statement for AFDC, SSI, Child Support; or letter from Employer on company letterhead; or retirement benefits letter; or disability or social security award letter).

SHORT ANSWER QUESTIONS

Do you have a disability? YES NO List type:

Are there any circumstances or stress factors that increases the need for a scholarship apart from financial need?

By joining The Kroc Center, how do you hope this will positively impact you and your family?

Is there anything else you would like to share?

We value our members and desire that you benefit from the programs, opportunities and community available at The Salvation Army Kroc Center. Therefore, we do hope the scholarship will be used. If your membership becomes inactive, we reserve the right to terminate the scholarship (or it may result in revoking of the scholarship). Your signature below indicates that you agree to the scholarship program policies and verify that all information is correct.

APPLICANT SIGNATURE _____ DATE _____