

# MEMBERSHIP APPLICATION



L.A. RED SHIELD  
YOUTH & COMMUNITY CENTER

## ADULT AND FAMILY MEMBERSHIP INFORMATION

Use this section for individual youth, adult, senior, or family memberships. To qualify for family membership, adults and children must reside in same house.

### 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):

- YOUTH (0–17 YEARS)
- ADULT (18–59 YEARS)
- SENIOR (60+ YEARS)
- SINGLE PARENT & UP TO 3 KIDS
- SINGLE PARENT & 4+ KIDS
- TWO PARENTS & UP TO 3 KIDS
- TWO PARENTS & 4+ KIDS

### EMERGENCY CONTACT & PICK UP AUTHORIZATION

1. NAME

RELATIONSHIP

CELL PHONE

Emergency  Pick-up Authorization

2. NAME

RELATIONSHIP

CELL PHONE

Emergency  Pick-up Authorization

### ETHNICITY

Please select the ethnicity/race you identify with *(optional)*.

- African American  Asian
- Caucasian  Hispanic
- Native American
- Other

## 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 Red Shield 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 Red Shield 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). **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**

### 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. 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 at all times.

**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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