

# MEMBERSHIP APPLICATION

The Salvation Army  
**Seattle White Center**  
Corps & Community Center



## ADULT AND FAMILY MEMBERSHIP INFORMATION

(Use this section for all membership types. To qualify for family membership, all members must reside in the same household as primary member. Verification of home address may be required.)

<b>PRIMARY ADULT</b>	
Name: (First) _____	(Last) _____
Cell: _____	Work Phone: _____
Email: _____	Birth date: _____ <input type="radio"/> Male <input type="radio"/> Female

<b>SECOND ADULT</b>	
Name: (First) _____	(Last) _____
Cell: _____	Work Phone: _____
Email: _____	Birth date: _____ <input type="radio"/> Male <input type="radio"/> Female

<b>HOUSEHOLD INFORMATION</b>		
Address: _____	Apt #: _____	
City: _____	State: _____	Zip: _____
Home Phone: _____		

## ADDITIONAL DEPENDENTS LISTED ON MEMBERSHIP

(Please attach additional form for more dependents.)

# 1 Name: (First) _____	(Last) _____
Birth date: _____	<input type="radio"/> Male <input type="radio"/> Female
Relationship to Primary Adult: _____	

# 2 Name: (First) _____	(Last) _____
Birth date: _____	<input type="radio"/> Male <input type="radio"/> Female
Relationship to Primary Adult: _____	

# 3 Name: (First) _____	(Last) _____
Birth date: _____	<input type="radio"/> Male <input type="radio"/> Female
Relationship to Primary Adult: _____	

# 4 Name: (First) _____	(Last) _____
Birth date: _____	<input type="radio"/> Male <input type="radio"/> Female
Relationship to Primary Adult: _____	



## YOUTH AND TEEN MEMBERSHIP

(Use this section for Individual Youth or Teen memberships.)

<b>MEMBERSHIP INFORMATION</b>	
# 1 Name: (First) _____	(Last) _____
Birth date: _____	<input type="radio"/> Male <input type="radio"/> Female

<b>HOUSEHOLD INFORMATION</b>		
Address: _____	Apt #: _____	
City: _____	State: _____	Zip: _____
Home Phone: _____		

## GUARDIAN INFORMATION

<b>GUARDIAN # 1:</b> (First) _____		(Last) _____
Cell: _____	Work Phone: _____	

<b>GUARDIAN # 2:</b> (First) _____		(Last) _____
Cell: _____	Work Phone: _____	

## MEMBERSHIP TYPE

TODAY'S DATE: _____	
CHOOSE YOUR MEMBERSHIP TYPE	
<input type="radio"/> ADULT	<input type="radio"/> FAMILY (UP TO 6 MEMBERS)
<input type="radio"/> YOUTH	<input type="radio"/> FAMILY (OVER 6 MEMBERS)
<input type="radio"/> TEEN	

## EMERGENCY CONTACT INFORMATION

FIRST NAME: _____
LAST NAME: _____
RELATIONSHIP: _____
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 Seattle White Center?
- Newspaper     Online/Website  
 Direct Mail     Facebook/Twitter  
 Flyer     Friend  
 TV/Radio     Event  
 Other Please Specify \_\_\_\_\_

2. What programs interest you most?
- Wrestling     Troops & Scouts  
 Computers     Homework Center  
 Game Room     Summer Day Camp  
 Music     Bidy Basketball  
 Wrestling     Basketball  
 Other Please Specify \_\_\_\_\_

3. Are you Interested in Volunteering?
- YES     NO

Interests/Skills: \_\_\_\_\_



# Seattle White Center Corps & Community Center



## 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 Seattle White Center is authorized to secure emergency medical treatment at member's expense, (3) The Seattle White 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 Seattle White 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 Seattle White 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 Seattle White 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 Seattle White Center facilities and services, except as limited by law.

**NOTICE**— In order to promote a safe and secure environment, The Seattle White Center has placed video cameras in various locations. As part of our commitment to the safety of children and vulnerable persons, The Seattle White Center will run every member and guest over the age of 18 through the registered sex offender check.

**Membership Fees and Dues are Non-Refundable.**

MEMBER INITIALS: \_\_\_\_\_

MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## DONATE TO OUR SCHOLARSHIP FUND

Your tax-deductible donation matters! Help a deserving individual in the community reach their potential by donating an amount of your choice to The Salvation Army Seattle White Center Scholarship Program.

- YES, I want to help. I would like to make a one-time donation of \$ \_\_\_\_\_
- NO, I do not want to participate at this time.

**FOR INTERNAL USE ONLY:**

ACCEPTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

ENTERED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

AMOUNT PAID: \$ \_\_\_\_\_

PAID WITH:

- CASH
- CHECK # \_\_\_\_\_

CREDIT CARD

- VISA CARD
- MASTER CARD