



MEMBERSHIP UPDATE FORM

Primary Member? (please print) _____ Member # _____

Please indicate what you are updating by checking the appropriate box.

Contact Info Payment Information Emergency Contact Identification

CONTACT INFO			
Address: _____	City: _____	State: _____	Zip: _____
Phone: Home: _____	Cell: _____	Work: _____	Email: _____

EMERGENCY CONTACT
Name: _____
Home Phone: _____
Cell Phone: _____
Alternate Phone: _____

IDENTIFICATION
Name of Applicant: _____
ID Type: <input type="checkbox"/> ID <input type="checkbox"/> DL <input type="checkbox"/> Passport <input type="checkbox"/> SS
ID Number: _____
Staff Verification: Initials: _____ Date: _____

PAYMENT INFO

I understand that all debits from my bank account will be conducted on the 20th of each month regardless of date joined. 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 30 days).

Will pay with credit card (please fill out information below)

I authorize The Salvation Army Ray & Joan Kroc Center to charge my credit card monthly indicated below. This is an automatic withdrawal system where payment of membership dues are regularly charged to the member's bankcard the 20th of each month or the next business day. The Salvation Army Kroc Center also reserves the right to deduct any amount past due from the same account.

Will pay with EFT (please fill out information below)

By signing, I give The Salvation Army Kroc Center authorization to deduct monthly dues directly from the listed 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.

PAYMENT INFO
CREDIT CARD
<input type="radio"/> VISA <input type="radio"/> MASTERCARD
Name (as it appears on card) _____
Billing Address: _____
Card Number: _____
Expiration Date (mm/yy): _____
Signature _____ Date: _____

PAYMENT INFO
ELECTRONIC FUNDS TRANSFER (EFT)
Name of Account Holder _____
Bank Name: _____
Account #: _____
Transit/ABA #: _____
(first 9 digits on check)
Signature _____ Date: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY
Entered by: _____ Date: _____
Double Checked by: _____ Date: _____