



CALVARY COMMUNITY OUTREACH NETWORK

Membership Enrollment Form

THE CALVARY COMMUNITY WELLNESS CENTER

3002 Holmes Street, Kansas City, Missouri 64109
(816) 531-4683 • (816) 531-5297 FAX • www.ccon-kc.org

Did you have a tour? _____

Staff who helped you: _____

Date: _____

How did you learn of The Wellness Center? _____

PRIMARY MEMBER

Mr. Mrs. Ms. Dr. Miss Other: _____

LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (Home) _____ BIRTHDATE _____ GENDER _____

PHONE (Work) _____ MARITAL STATUS _____ Religious Affiliation _____

E-MAIL _____

SPOUSE/DOMESTIC PARTNER (if part of membership)

Mr. Mrs. Ms. Dr. Miss Other: _____

LAST NAME _____ FIRST NAME _____

PHONE (Work) _____ BIRTHDATE _____ GENDER _____

E-MAIL _____

DEPENDENT(S) (if part of membership)

(Children up to age 19 living at home. Children in college or graduate school are part of the family membership up to age 25.)

NAME	GENDER	BIRTHDATE	GRADE	SCHOOL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

WORK INFORMATION

PRIMARY MEMBER

OCCUPATION _____

COMPANY _____

ADDRESS _____

CITY, STATE, ZIP _____

E-MAIL _____

SPOUSE/DOMESTIC PARTNER (if part of membership)

OCCUPATION _____

COMPANY _____

ADDRESS _____

CITY, STATE, ZIP _____

E-MAIL _____

HOW DID YOU LEARN OF THE WELLNESS CENTER?

SPECIAL INSTRUCTIONS (if any)

Please turn page over for important information and required signatures.

FOR OFFICE USE ONLY

Type of Membership: _____ Membership #: _____ Batch #: _____

Campus Pledge Date: _____ Total Amount: _____ Amount Due: _____ # of payments: _____

Comments: _____

Join the WELLNESS CENTER for an annual membership!

Choose your membership category:

Membership Categories	Annual Memberships			
		Monthly Cost	Annual TOTAL	
Family (add \$10 per youth after 3 rd person)	<input type="checkbox"/>	\$60.⁰⁰	\$720	*
Individual	<input type="checkbox"/>	\$30.⁰⁰	\$360	*
Corporate (Businesses with 10 or more members)	<input type="checkbox"/>	\$15.⁰⁰	\$180	*
Senior (65+)	<input type="checkbox"/>	\$20.⁰⁰	\$240	*
Youth (ages 6-18)	<input type="checkbox"/>	\$10.⁰⁰	\$120	*
Friend of the Center Supporter Category; no Sports & Fitness	<input type="checkbox"/>	\$25.⁰⁰	\$300	

The listed prices will stay in effect only for the first term of your membership. **MEMBERSHIP DUES ARE SUBJECT TO CHANGE.**

I, the undersigned, upon joining the Calvary Community Wellness Center, agree to abide by the policies of the organization and to its rules and regulations in all areas of sports and fitness, Child Development Center, summer camps and other programming activities.

I understand this non-refundable, non-transferable membership is for one year from the first of the month nearest to the date joined and that I am responsible for payment of any balance on my annual dues in the manner I have prescribed.

This agreement shall be **renewed automatically** for succeeding terms of the membership agreed upon in this form (either **six-months** or **one year**) unless either party gives advanced written notice to the other of at least 30 days prior to renewal.

I understand that each member of the membership is required to present a membership ID Card when entering or using the CENTER.

I understand that any CENTER activity and use of recreational and workout facilities involves the risk of accidental injury despite all safety precautions. I acknowledge that I use all sports equipment and facilities at my own risk, I will assume all risks (injury or illness) to any family member that may occur during participation in any activities or use of facilities at the CENTER.

By signing this form, I acknowledge that I am aware of the potential risks of participating in activities and/or programs at the WELLNESS CENTER and agree to in no way hold the management, agents or employees of the WELLNESS CENTER liable for any injury that I or members of my family might sustain.

Member's Signature _____

Date _____

Legal Guardian's Information for Youth Memberships Guardians must sign all forms for minors.

NAME _____

PHONE (s) _____

E-MAIL _____

Guardian's Signature _____

MISSION STATEMENT

Calvary Community Wellness Center

The mission of the Wellness Center is to serve people of all ages by attending to physical and spiritual needs.

To accomplish this mission, the Center will create and maintain a standard of excellence in the areas of youth development, youth activities, sports and fitness programming, and wellness activities.

Services are provided within a framework of fiscal responsibility. Within the limits of this mandate, every effort will be made to assure participation of all individuals regardless of their ability to pay.

In order to accomplish its mission, the Center seeks to recruit, develop and retain lay leaders and staff by encouraging and supporting opportunities for their professional growth.

As part of the network of agencies, and organizations in the community, the Center is committed to work cooperatively through sharing resources and expertise.

The WELLNESS CENTER reserves the right to photograph members and guests and use these photographs for marketing purposes, including but not limited to insertion on the CENTER's website, newsletter, and program guide.

FOR OFFICE USE ONLY