

Canton Community Center Inc. Membership Sponsorship Assistance Application



210 North 7th Street, Canton, MO 63435

573-288-0550

www.cantoncommunitycenter.com

www.facebook.com/cantonmocommunitycenter

Applicants Last Name		First Name		MI	Date of Birth
Street Address		City		State	Zip Code
Primary/Cell/Home Phone	Work Phone	Member E-Mail (email address are not shared/sold)		Opt out of newsletter <input type="checkbox"/> Yes	Gender
Emergency Contact		Emergency Phone Number	Please include on the back of this form any members medical conditions or allergies		Relationship

The Following information is to determine if we can provide membership through our Membership Sponsorship Assistance Program. All Information is required to be considered. Please complete to the best of your ability, with truthful and heartfelt answers. If you need assistance in filling out this form please speak with a Center Representative.

Please Note All References need to have a Letter of Recommendation attached to this form.

Reference Name #1 (Anyone but Immediate Family Member)	Reference #1 Phone Number	Email Address	Relationship to Applicant
Street Address (If a Teacher, School Address is acceptable)	City	State	Zip Code
Reference Name #2 (Anyone but Immediate Family Member)	Reference #2 Phone Number	Email Address	Relationship to Applicant
Street Address (If a Teacher, School Address is acceptable)	City	State	Zip Code
Reference Name #3 (Anyone but Immediate Family Member)	Reference #3 Phone Number	Email Address	Relationship to Applicant
Street Address (If a Teacher School, Address is acceptable)	City	State	Zip Code

On a separate sheet of paper, provide a short 100 to 150 word essay, typed or printed neatly, state how you will give back to our Center and Community. Title this page "How I plan to give back"

On a separate sheet of paper, provide a short 150 to 200 word essay, typed or printed neatly, on why you deserve a free 3 month membership to our Center and what you will get out of it if you are selected. Title this page "How The Canton Community Center Can Help Me"

Eligibility and Terms of Sponsorship Assistance

Member Initials	*If you are selected for a free 3 month membership you will be responsible to volunteer a minimum of 24 hours for the 3 months, You must complete a minimum of 8 hours each month to remain eligible for remaining months. Failure to complete a minimum of 8 hours a month revokes remaining months of sponsorship. If you complete more than 8 hours a month, those hours will not carry over to the next month.
Member Initials	*Each Membership Assistance Application is due by the 3rd Wednesday of each month, turned in to the Director, Staff, or Mailed to the above address (please remember to account for mailing delays) Each Application will be reviewed by the Board of Directors at their monthly meetings, and if an application is selected the individual will be contacted by the Director. There may be times when the Board of Directors can not meet at their regular scheduled meeting, a supplement meeting may be scheduled or decisions may be made at the next board meeting.
Member Initials	*This is a DUES paying community center, I understand that at any time during my sponsorship I can have my membership revoked due to breaking of the "house rules" or failure to complete my minimum hours of volunteering. My Sponsorship Membership will begin on the first of the month following the month I was selected, and will run for 3 months. I understand that this is a continuous 3 month membership and I can not freeze the membership, without approval from the Board of Directors.
Member Initials	*I understand that there is no monetary equivalent value for this membership, that I can and will only receive the 3 months free membership.
Member Initials	*I understand that after the 3 months period is up, I have the opportunity to apply for a standard membership, and because of this assistance program the "setup" fee will be waived. However standard membership fees will apply.
Member Initials	*I have read and agree to the Canton Community Center rules and regulations handbook, and I acknowledge that any violation of the rules may result in expulsion from the Center and/or termination of this Membership Agreement without any refund.
Member Initials	*The Canton Community Center, its officials and representatives, either employed or voluntary, assume no responsibility for a ny injury (by the participant/s) in the Canton Community Center or activities. In addition, I understand that participation in any activity & use of any equipment and facilities, is at my sole discretion & judgment & is at my own risk. I will appropriately & safely limit my activities & those of my sponsored dependents, to take into account my/our physical condition limitations & skill level. In addition I agree to release, waive, discharge and covenant not to sue the Canton Community Center, The Board, Staff, Instructors, and Volunteers, Sponsored members and businesses of events, advertisers, organizations, clubs, participants, or any other individual representing the Canton Community Center, and release all liability to each their own, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.
Member Initials	*I understand that this membership is for general, open use hours of the center, & that there may be times when access will not be available to the membership. I also understand some classes may have an additional fee.
Member Initials	*I understand that each member will be required to be present proper identification at beginning of each class, failure to produce identification could result in me being denied access to classes or payment for class will be due and will be treated as a "guest" visit.

Parents/Legal Guardian Please Complete the Following Information if applicant is under the age of 18

Applicants Last Name		First Name		MI	Date of Birth
Street Address		City		State	Zip Code
Primary/Cell/Home Phone	Work Phone	E-Mail (email address are not shared/sold)		Opt out of newsletter <input type="checkbox"/> Yes	Relationship

If you are a new member and you were "Referred" by a current annual member, Please list member name: _____

If you were not "Referred" How did you hear about us?
 Past Member Facebook Website Friend Other _____

Photo Release

I grant permission to use photographs/video taken of me/my family for departmental advertisement use, for in print or social media. If I wish this to be exempt from photography and video I must notify the Canton Community Center by completing a Photo Suppression Form.

Signature (s)

I have been advised of the Terms and Conditions of Membership and fully understand the Membership Agreement, IN WITNESS WHEREOF this Membership Agreement has been executed by the undersigned parties on the date written below.

Member Signature	Date	Parent/Guardian Signature	Date
EFT Authorization Signature (if different from above signature)	Date	Membership Salesperson Signature	Date