

# MEMBERSHIP APPLICATION

Date \_\_\_\_\_

**ADULT 1:**      *Please Print Clearly*

Title: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_       Male  Female       Jewish  Non-Jewish

Married  Single  Civil Union  Divorced  Widowed

Caucasian  Hispanic  African American  Asian  Other \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

**ADULT 2:**

Title: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_       Male  Female       Jewish  Non-Jewish

Caucasian  Hispanic  African American  Asian  Other \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Children** (up to age 25 or full-time college students, a letter from the college Registrar is required to be included in a family membership)

	Date of Birth	Grade	Jewish	Non-Jewish
Full Name: _____ <input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	_____	_____	_____

Relationship \_\_\_\_\_ E-mail \_\_\_\_\_

Full Name: _____ <input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	_____	_____	_____
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Relationship \_\_\_\_\_ E-mail \_\_\_\_\_

Full Name: _____ <input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	_____	_____	_____
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Relationship \_\_\_\_\_ E-mail \_\_\_\_\_

Full Name: _____ <input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	_____	_____	_____
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Relationship \_\_\_\_\_ E-mail \_\_\_\_\_

# MEMBERSHIP CONTRACT

- Membership is month-to-month until 30-day advanced written notice of cancellation is received.
- Membership is non-transferable and non-refundable.
- Membership is a privilege, which may be revoked with or without cause at any time by The Mandell Jewish Community Center's Executive Director or the Board of Directors.
- I am/We are responsible for any payment plus a service charge for each returned check or declined credit card. If payment is returned for any reason, the declined amount must be paid within 30 days of notification or my/our membership may be discontinued.
- I/We understand that the JCC urges all members to obtain a physical examination from their physician(s) prior to the use of any exercise equipment or attendance in any exercise class.
- I/We agree to complete fully and truthfully any medical screening forms which may be required as a condition for participation in a JCC program.
- I/We acknowledge that all JCC facilities without are used at my/our own risk.
- I/We waive any claims for damage, loss or theft of property arising out of or in connection with the use of any JCC facility, including the parking lot.
- I/We hereby release and hold harmless the JCC, its officers, directors and employees from any damages, claims, loss and liability relating to injury, illness or death to me/us/our child(ren) which may arise from participation in any JCC program.
- I/We understand that while using the JCC facilities my/our photograph may be taken for publicity purposes.
- I/We agree to abide by the rules of the JCC.
- The JCC reserves the right to change facilities, hours, class schedules and equipment.
- All memberships that have been inactive for more than 30 days are subject to a \$150 rejoining fee upon membership reactivation.
- I/We authorize the Mandell JCC to draft my/our credit card or bank account on file for membership(s) and/or program fees
- I/We acknowledge that if the front of this document is completed and the document is unsigned, I/we agree to the terms of Membership. I/We also acknowledge that the co-applicant and sub-members are agreeing to the terms of Membership by proxy.
- I/We have read and understand the above statements and do agree to follow them to the best of my/our ability.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Referred by:** Name \_\_\_\_\_

**Emergency contact:** Name \_\_\_\_\_ Phone \_\_\_\_\_

**Synagogue Affiliation:** \_\_\_\_\_

***For office use:***

***Member Acct. Number*** \_\_\_\_\_

*Membership type ( please circle): Family S.P.Family Couple Adult College Teen*

*Senior Sr.Couple Health Spa Health Spa*

*Monthly payment: Dues \$ \_\_\_\_\_ Reg. fee \$ \_\_\_\_\_*

*1<sup>st</sup> mo prorated dues \$ \_\_\_\_\_ Notes: \_\_\_\_\_*

*Staff* \_\_\_\_\_