



MEMBERSHIP APPLICATION

Please Print Clearly

Primary Member:

Title: _____ First Name: _____ MI: _____ Last Name: _____

Male ___ Female ___ Date of Birth: _____ Married ___ Single ___ Civil Union ___ Divorced ___ Widowed ___

Jewish ___ Non-Jewish ___ *Ethnicity:* Caucasian ___ Hispanic ___ African American ___ Asian ___ Other _____
(optional)

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Employer & Occupation: _____

Business Phone: _____ Business E-Mail: _____

Secondary Member:

Title: _____ First Name: _____ MI: _____ Last Name: _____

Male ___ Female ___ Date of Birth: _____

Jewish ___ Non-Jewish ___ *Ethnicity:* Caucasian ___ Hispanic ___ African American ___ Asian ___ Other _____
(optional)

Cell Phone: _____ E-Mail _____

Employer & Occupation: _____

Business Phone: _____ E-Mail: _____

Children (up to age 22 or full-time college students; a letter from the college Registrar is required to be included in a family membership)

		Date of Birth	Jewish	Non-Jewish
Full Name: _____	M F	_____	_____	_____
E-mail _____				
Full Name: _____	M F	_____	_____	_____
E-mail _____				
Full Name: _____	M F	_____	_____	_____
E-mail _____				
Full Name: _____	M F	_____	_____	_____
E-mail _____				

Synagogue Affiliation: _____

Emergency contact: Name _____ Phone _____

How did you hear about the JCC?

Direct Mail E-mail Former Member Friend/Family Hartford Courant Jewish Ledger
 Medical Referral Radio TV Yellow Pages Website Other _____
 Referred by: Name _____

Areas of interest: (Please check all that apply)

Adult Programs Aquatics Basketball Book Festival Camp Children's Programs Early Childhood
 Family Programs Film Festival Gallery Group Fitness Jewish Education Programs
 Personal Training Racquetball Single Adult Programs Teen Programs Theater Youth Sports

Membership Contract and Agreement Waiver

- Membership is based on a one-year agreement and is automatically renewed and payable thereafter unless 30-day 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.
- 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 including, without limitation, the saunas, steam rooms, whirlpools, weight equipment, pools and all sports facilities 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.
- I/We have read and understand the above statements and do agree to follow them to the best of my/our ability.

Signature _____ Date _____

For Office Use Only:	
Membership Category (circle one):	Spa Membership if applicable (circle):
Family	Senior
Single Parent	Senior Couple
Couple	Senior Snowbird
Individual	Sr Couple Snowbird
College	Senior Associate
Teen	Sr Couple Associate
Health Spa male	
Health Spa female	
Health Spa Trial male	
Health Spa Trial female	
Membership Monthly Rate: \$ _____	Health Spa Monthly Rate: \$ _____
Membership Annual Rate: \$ _____	Health Spa Annual Rate: \$ _____
	Health Spa Trial Rate: \$ _____
Staff Name: _____	Date _____