



**JEWISH COMMUNITY CENTER**  
633 Salisbury Street, Worcester, MA 01609

**APPLICATION FOR MEMBERSHIP**

New     Rejoin    Category \_\_\_\_\_

**P  
R  
I  
M  
A  
R  
Y**

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ M.I.: \_\_\_\_\_  
 TITLE:     Mr.    Mrs.    Miss    Ms.    Dr.    Atty.  
 EMAIL: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_ APT. # \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 CELL PHONE: \_\_\_\_\_  
 MARITAL STATUS:    Single    One-Parent Family    Married    Separated    Divorced    Widow  
 RELIGION: \_\_\_\_\_ CONGREGATION: \_\_\_\_\_  
 EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_  
 BUS. ADDRESS: \_\_\_\_\_ BUS. PHONE: \_\_\_\_\_  
 EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 BASIC     FITNESS     SPA     PACKAGE

**S  
E  
C  
O  
N  
D  
A  
R  
Y**

LAST NAME: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_  
 TITLE:     Mr.    Mrs.    Miss    Ms.    Dr.    Atty.  
 EMAIL: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 RELIGION: \_\_\_\_\_ CONGREGATION: \_\_\_\_\_  
 EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_  
 BUS. ADDRESS: \_\_\_\_\_ BUS. PHONE: \_\_\_\_\_  
 EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 BASIC     FITNESS     SPA     PACKAGE

**D  
E  
P  
E  
N  
D  
E  
N  
T  
S**

NAME:	SEX:	DOB:	EMAIL:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
EMERGENCY CONTACT:	PHONE:		
_____	_____		

**HOW DID YOU HEAR ABOUT THE JCC (check all that apply)?**  
 Street Sign     Postcard/Brochure     Friend/Relative Referral     Walk-In/Drive-By

- Newspaper Advertisement    
 Through Employer    
 Website

**WHY DID YOU JOIN THE JCC (check all that apply)?**

- Support the Center    
 Child Care    
 Physical Education Programs  
 Summer Camp    
 Spa / Fitness Center    
 Interact with Jewish People  
 Swimming Pool    
 Age Appropriate Activities    
 Other \_\_\_\_\_

**DUES & POLICIES:**

I understand that there is a **\$100.00 non-refundable enrollment fee** and that my membership is non-transferable, non-refundable, and will be re-billed automatically each year. Membership payment for renewal is due on the 1<sup>st</sup> day of the renewal month. Memberships will be cancelled if non-payment continues beyond the renewal month. Our system automatically deactivates membership cards on the first of the month for unpaid accounts.

Membership fees are for 12 months and cannot be prorated for any reason. Membership fees can not be applied to any other program or services. I agree to pay the additional non-member rate for programs that I enroll in that occur after my membership end date.

With appreciation that the Worcester JCC is committed to uphold the philosophy and practices of traditional Jewish values, I agree to abide by its rules and by-laws. Membership entitles me to notification of - and access to special as well as on-going programs.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Applicant's Signature) (Date)

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(JCC Staff Member's Signature) (Date)

It is our practice to share membership information with other Jewish agencies in our community. If you do not wish to participate, please check here .

**FOR OFFICE USE ONLY:**

Type of Membership:    
 Renewal    
 New (\$100.00)    
Fee: \_\_\_\_\_

Membership Type: \_\_\_\_\_ Fee: \_\_\_\_\_

Health & Fitness: \_\_\_\_\_ Fee: \_\_\_\_\_

Additional Services: \_\_\_\_\_ Fee: \_\_\_\_\_

Total Due: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Payment Method: \_\_\_\_\_ Check #: \_\_\_\_\_  
Cash, Check, Debit, Visa, MasterCard

Balance Due: \_\_\_\_\_

Payment Plan Option:    
 Checking    
 Savings    
 Debit    
 Visa    
 MasterCard

The Center is handicapped-accessible.  
09/16/09