



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

**APPLICATION FOR MEMBERSHIP**

New     Rejoin    Category \_\_\_\_\_

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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

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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

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NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ DOB: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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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