



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: ____/____/____
 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: _____

 EMERGENCY CONTACT: _____ PHONE: _____

WHY DID YOU JOIN THE JCC?

- 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 renewed automatically each year unless I resign in writing.

Membership fees are for 12 months and cannot be prorated for any reason.

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)

Have you or any family member been a member of the JCC in the past? Yes No

If yes, when? _____

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