



# Membership Application

Membership Category (circle One) For office use only

Family      Couple      Individual      Teen      College      Young Adult      Senior Adult      Senior Couple

Date Joined \_\_\_\_\_ Membership # \_\_\_\_\_  New  Rejoin      Health Spa Upgrade

Amount \_\_\_\_\_ Promotion \_\_\_\_\_

*There is a \$100 non-refundable processing fee for all new members. Those who are re-joining after a lapse of 4 months or more pay \$75.*

Refer-A-Friend \_\_\_\_\_ Account # \_\_\_\_\_

How did you hear about the JCC? \_\_\_\_\_ I / WE ARE NEW TO THE AREA Y\_\_N\_\_

Would you be interested in volunteering at the JCC? \_\_\_Yes! Contact Me      Not at this time\_\_\_\_\_

**PRIMARY MEMBER - Fitness Orientation?**  Y  N      **CIRCLE ONE: MR. MRS. MISS. MS. DR.**      **DOB:** / /

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ M.I.: \_\_\_\_\_ Gender M\_\_F\_\_O\_\_

MARITAL STATUS:  Single       Married       Domestic Partner       Other

STREET ADDRESS: \_\_\_\_\_ APT. # \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE \_\_\_\_\_

RELIGION: \_\_\_\_\_ CONGREGATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

BUS. ADDRESS: \_\_\_\_\_ BUS. PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

**MEMBER TWO - Fitness Orientation?**  Y  N      **CIRCLE ONE: MR. MRS. MISS. MS. DR.**      **DOB:** / /

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ M.I.: \_\_\_\_\_ Gender M\_\_F\_\_O\_\_

MARITAL STATUS:  Single       Married       Domestic Partner       Other

EMAIL: \_\_\_\_\_ CELL PHONE \_\_\_\_\_

RELIGION: \_\_\_\_\_ CONGREGATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

BUS. ADDRESS: \_\_\_\_\_ BUS. PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

**FAMILY DEPENDENTS (STUDENT / DEPENDENT TO AGE 26)**

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender M\_\_F\_\_O\_\_

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender M\_\_F\_\_O\_\_

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender M\_\_F\_\_O\_\_

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender M\_\_F\_\_O\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

**DUES & POLICIES**

I understand that there is a \$100 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 with 30 days' notice. I understand that membership fees are subject to change on an annual basis.

If a payment is returned for any reason, I understand that I will be charged \$30. The \$30 fee and declined monthly membership payment must be paid within 10 days of notification, or my membership may be discontinued. (\_\_\_\_) Initials. I agree to abide by all JCC policies and procedures.

**WAIVER OF RESPONSIBILITY**

I wish to participate and/or give my children permission to participate in the Worcester JCC activities. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for the JCC allowing me to participate in JCC activities, I understand and expressly acknowledge that I release the JCC and its staff members from all liability for any injury, loss, or damage connected in any way whatsoever to my (or my children's) participation in JCC activities, whether on or off JCC's premises.

I authorize JCC staff to act on their best judgment in the event of an emergency; including transporting myself or my child (ren) to the hospital and authorizing treatment by a physician. I understand that this release includes any claims based on the negligence, action, or inaction of the JCC, its employees, independent contractors, directors, members and guests. I have read and am voluntarily signing this authorization and release.

I understand that the JCC is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using JCC facilities or are on JCC premises, including all lost, damaged, or stolen property cause by the negligence of the JCC, its employees, independent contractors, directors, members and guests. I understand the JCC does not offer medical insurance relating to all accidents and/or injuries that may result from my or my family's participation in JCC activities. I will be responsible for maintaining any appropriate medical insurance for myself or my children.

I/We, the undersigned, hereby make application for membership to the Worcester JCC. I/We agree to abide by its rules and regulations. The Worcester JCC reserves the right to suspend or revoke program or membership privileges of members whose behavior is deemed inappropriate or detrimental to the well-being of members or staff, or is deemed necessary. The JCC has permission to use images of me and /or my family in solicitation, advertising, and agency activities. The JCC is open to men, women, and children of all races, religions, and national origins.

The JCC reserves the right to restrict or remove persons from JCC functions/activities or from its premises when we deem necessary or appropriate.

**PAYMENT OPTIONS**

\*First payment or payment-in-full is due at signing.

Choose option:  Pay In Full  4 Consecutive Installments\*\*  Monthly Payment Plan\*\*

\*\* Annual memberships only, not available for all membership types

To select an installment payment option, please fill out a payment plan sheet at sign-up with a Front Desk representative.

**CONTRIBUTION**

Do you wish to make a tax deductible donation to the Worcester JCC scholarship fund?

\_\_\_ No \_\_\_ Yes How much? \$\_\_\_\_\_

Would you like your pledge to go to a particular program?

\_\_\_ ECC \_\_\_ ASSP \_\_\_ Camp \_\_\_ Cultural Arts \_\_\_ Fitness \_\_\_ Sports \_\_\_ Aquatics\_\_\_ Other\_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

JCC Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

The JCC is open to all regardless of race, color, religion, national origin, gender, sexual orientation, age, disability, or economic condition. The Center is handicapped-accessible.