

WORCESTER JCC

633 Salisbury Street

Worcester, MA 01609

Phone: 508-756-7109 Fax: 508-754-3373

JCC Account # _____ First Payment (One Month): \$ _____

Monthly Pricing through 6/30/2024

Individual	\$72	Teen	\$27
Couple	\$104	College	\$39
Family	\$113		
Single Parent Family	\$87		
Senior Individual	\$59	Spa Individual*	Additional \$19
Senior Couple	\$92	Spa Family*	Additional \$23
Young Adult	\$48	Locker*	Additional \$5

*Must be 18 years old and older, optional service

Please initial next to each statement:

_____ I understand that I am committing to a 12-month membership term and membership will automatically renew.

_____ **Membership fees are non-transferable and non-refundable.**

_____ Use of the center's facilities depends on/may be suspended for non-payment fees or rejected credit card charges.

_____ I understand that the JCC may adjust the monthly fee on an annual basis.

_____ I understand that a 30-day written notice is required to cancel my membership after the initial 12-month membership term. Failure to provide adequate notice to cancel may result in an additional monthly charge which I authorize JCC to draft.

_____ JCC is authorized to utilize my financial information in payment of services. I am responsible for updating my financial information as needed.

_____ Installments are drafted on the 10th of each month. A \$35 autopay fee can be assessed for a declined credit card.

B. Circle **Credit card/Debit card:** MasterCard Visa Discover American Express

Card# _____ CVV _____ Exp ____/____

Print name as it appears on card: _____

Print Name: _____

Signature: _____

Date: ____/____/____

Phone: _____