



MEMBERSHIP APPLICATION

Date _____

ADULT 1: *Please Print Clearly*

Title: _____ Last Name: _____ First Name: _____ MI: _____

Date of Birth: ____/____/____ ☐ Male ☐ Female ☐ Jewish ☐ Non-Jewish

☐ Married ☐ Single ☐ Civil Union ☐ Divorced ☐ Widowed

☐ Caucasian ☐ Hispanic ☐ African American ☐ Asian ☐ Other _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

E-Mail: _____

Employer: _____ Occupation: _____

ADULT 2:

Title: _____ Last Name: _____ First Name: _____ MI: _____

Date of Birth: ____/____/____ ☐ Male ☐ Female ☐ Jewish ☐ Non-Jewish

☐ Caucasian ☐ Hispanic ☐ African American ☐ Asian ☐ Other _____

Home Phone: _____ Cell: _____ Work: _____

E-Mail: _____

Employer: _____ Occupation: _____

Children (up to age 25 or full-time college students, a letter from the college Registrar is required to be included in a family membership)

Date of Birth Grade Jewish Non-Jewish

Full Name: _____ ☐M ☐F ____/____/____ _____ _____ _____

Relationship _____ E-mail _____

Full Name: _____ ☐M ☐F ____/____/____ _____ _____ _____

Relationship _____ E-mail _____

Full Name: _____ ☐M ☐F ____/____/____ _____ _____ _____

Relationship _____ E-mail _____

Full Name: _____ ☐M ☐F ____/____/____ _____ _____ _____

Relationship _____ E-mail _____

MEMBERSHIP CONTRACT

- Membership is month-to-month until 30-day advanced written notice of cancellation is received.
- Membership is non-transferable and non-refundable.
- Membership is a privilege, which may be revoked with or without cause at any time by The Mandell Jewish Community Center's Executive Director or the Board of Directors.
- I am/We are responsible for any payment plus a service charge for each returned check or declined credit card. If payment is returned for any reason, the declined amount must be paid within 30 days of notification or my/our membership may be discontinued.
- I/We understand that the JCC urges all members to obtain a physical examination from their physician(s) prior to the use of any exercise equipment or attendance in any exercise class.
- I/We agree to complete fully and truthfully any medical screening forms which may be required as a condition for participation in a JCC program.
- I/We acknowledge that all JCC facilities without are used at my/our own risk.
- I/We waive any claims for damage, loss or theft of property arising out of or in connection with the use of any JCC facility, including the parking lot.
- I/We hereby release and hold harmless the JCC, its officers, directors and employees from any damages, claims, loss and liability relating to injury, illness or death to me/us/our child(ren) which may arise from participation in any JCC program.
- I/We understand that while using the JCC facilities my/our photograph may be taken for publicity purposes.
- I/We agree to abide by the rules of the JCC.
- The JCC reserves the right to change facilities, hours, class schedules and equipment.
- All memberships that have been inactive for more than 30 days are subject to a \$150 rejoining fee upon membership reactivation.
- I/We authorize the Mandell JCC to draft my/our credit card or bank account on file for membership(s) and/or program fees
- I/We acknowledge that if the front of this document is completed and the document is unsigned, I/we agree to the terms of Membership. I/We also acknowledge that the co-applicant and sub-members are agreeing to the terms of Membership by proxy.
- I/We have read and understand the above statements and do agree to follow them to the best of my/our ability.

Signature _____

Date _____

Signature _____

Date _____

Referred by: Name _____

Emergency contact: Name _____ Phone _____

Synagogue Affiliation: _____

For office use:

Member Acct. Number _____

Membership type (please circle): *Family* *S.P.Family* *Couple* *Adult* *College* *Teen*

Senior *Sr.Couple* *Health Spa* *Health Spa*

Monthly payment: Dues \$ _____ ***Reg. fee \$*** _____

1st mo prorated dues \$ _____ ***Notes:*** _____

Staff _____