

MEMBERSHIP APPLICATION

Welcome to Our Center Family!

STEP 1: COMPLETE MEMBER(S) INFORMATION

PRIMARY CONTACT

Prefix _____ First _____ MI _____ Last _____

Gender M F DOB ____/____/____ Nationality: American Israeli Russian Other

Street Address _____ Apt. _____

City _____ State _____ Zip _____ Email _____

Home Phone _____ Cell _____ Business _____

Employer _____ Occupation _____

Religion (optional) Jewish Other Synagogue Member? No Yes, Name _____

In Case of Emergency, Notify:

Name _____ Relationship _____

Home Phone _____ Cell _____

SPOUSE/PARTNER

Prefix _____ First _____ MI _____ Last _____

Gender M F DOB ____/____/____ Nationality: American Israeli Russian Other

Home Phone _____ Cell _____ Business _____

Email _____ Religion (optional) Jewish Other

Employer _____ Occupation _____

CHILDREN

First Name	MI	Last Name	Gender	DOB	School	Grade
			<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____		
			<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____		
			<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____		
			<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____		

How did you hear about the JCCGW? Friend _____

Family Center Scene Ad Drive by Newspaper

Other _____

Did you take a Center Tour? Yes No

Former member? Yes No

STEP II: SELECT 1 MEMBERSHIP TYPE

1. FITNESS MEMBERSHIP

Full access to the Health & Fitness Center, Indoor & Outdoor Pools, member rates on all programs.

- Family
- One Plus One (Living in same household)
- Individual
- Teen
- College student

2. PROGRAM MEMBERSHIP

Member rates on all programs only.

- Family
- Individual

3. COMMUNITY MEMBERSHIP

Enjoy 5 or 10 guest passes while supporting your community through this tax-deductible donation to the Center.

- Supporting
- Sustaining

STEP III: CHOOSE PAYMENT METHOD

PAYMENT METHOD (Select one)

Annual Payment: \$ _____ per year
Only available for Teen, College, Indiv Program & Community.

Monthly Payments: \$ _____ per month
(Billed on the 2nd day of each month)

PAYMENT TYPE (Select one)

- Check (for Annual Payment or 1st month only)
- Checking Account (attach voided check)
- Credit Card VISA MC AMEX DISCOVER

Number _____

Expiration Date _____

Name on Card _____

I authorize the JCC of Greater Washington to charge my checking account or my credit card the monthly payment fee each month until I instruct otherwise. If the membership rate changes, the monthly rate will change accordingly. I understand that JCCGW Membership is ongoing until notified in writing 30 days prior to the next billing period. I will not be entitled to a refund of membership fees paid.

Signature _____

Date _____

STEP IV: ACCEPTANCE OF TERMS

Please initial by each statement indicating your acceptance of the terms:

_____ I understand that for ongoing memberships, a 30 day written notice prior to the next billing period is required to cancel my membership. (Written notice can be emailed to membership@jccgw.org.)

_____ I understand that memberships are non-refundable or transferable.

_____ I understand that no refunds are granted for non-use of facilities.

STEP V: RELEASE

The undersigned make formal application to the Jewish Community Center of Greater Washington, commencing as of this date. I/we agree to abide by the rules and regulations of the Center. I am authorized, on behalf of all adult members covered by this membership, to represent that I/we will use the JCCGW at my/our own risk and hereby, for myself, the other adult member(s), my minor children and legal wards, my heirs, executors and administrators waive any and all rights and claims of any kind that I or they may have against the JCCGW as well as with employees, invitees, and agents of the aforesaid for any and all damages, and injuries, whatsoever, which I/we may suffer in or incur in connection with my/our attendance, participation, or membership in the JCCGW or in connection with my/our use of the facilities or programs of the JCCGW. This agreement does not apply to the participation of children in preschool and camp.

STEP VI: SIGNATURE

Print Name _____ Signature _____ Date _____

For Office Use Only:

Membership Type _____ Member# _____ Staff _____ FA _____ Date _____

Join Reason _____