



Membership Application

Please Print Clearly:

Have you previously been a member of the JCC? _____ Year _____

Adult Primary Member 1	First Name _____ Last Name _____
	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male Date of Birth ____/____/____ mo day year Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single
	Affiliation <input type="checkbox"/> Jewish <input type="checkbox"/> Non-Jewish
	Address _____
	City _____ State _____ Zip _____
	Home Phone () _____ Cell Phone/Pager () _____
	Email _____
	Employer _____ Business Phone () _____
Emergency Contact: Name _____ Phone _____	
Relationship _____	

Adult Primary Member 2	First Name _____ Last Name _____
	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male Date of Birth ____/____/____ mo day year Affiliation <input type="checkbox"/> Jewish <input type="checkbox"/> Non-Jewish
	Address _____
	City _____ State _____ Zip _____
	Home Phone () _____ Cell Phone/Pager () _____
	Email _____
	Employer _____ Business Phone () _____
	Emergency Contact: Name _____ Phone _____
Relationship _____	

Children (For Family & Single Parent Family memberships only: Up to 18 yrs. and full time college students to 25 yrs.)	First Name	Middle Init.	Last Name (if different from family name)	Gender (M or F)	Date of Birth Month/Date/Year
	_____	_____	_____	_____	____/____/____
	_____	_____	_____	_____	____/____/____
	_____	_____	_____	_____	____/____/____
	_____	_____	_____	_____	____/____/____

Membership	Check one:	Membership Category: (Check one)	Add on:
	<input type="checkbox"/> 1-month trial <input type="checkbox"/> 3-month membership <input type="checkbox"/> Continuous membership	<input type="checkbox"/> Family <input type="checkbox"/> Single Parent Family <input type="checkbox"/> Couple 65+ yrs., no children	<input type="checkbox"/> Teen 15-18 yrs. <input type="checkbox"/> Young Adult 19-29 yrs. <input type="checkbox"/> Individual A 30+ yrs. <input type="checkbox"/> Individual B 65+ yrs.

Please complete other

How did you hear about the JCC?

Radio Newspaper Internet Friend TV Yellow Pages Preferred Care Supercoups Other

Referred by a JCC member: Name _____ ID# _____

Please check your reasons for joining the Center

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Group Fitness Classes | <input type="checkbox"/> Resident Camp | <input type="checkbox"/> Family Recreation | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Spinning | <input type="checkbox"/> Child Care | <input type="checkbox"/> Cultural Arts/Theatre | <input type="checkbox"/> Jewish Programming |
| <input type="checkbox"/> Fitness Center | <input type="checkbox"/> Nursery School | <input type="checkbox"/> Markus Park | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> After School Care Program | <input type="checkbox"/> Racquetball | |
| <input type="checkbox"/> Day Camp | <input type="checkbox"/> Adult Programs | <input type="checkbox"/> Indoor Track | |

I am interested in being a Center Volunteer Yes No

- | | | |
|---|---|---|
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Maccabi | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Sports & Recreation | <input type="checkbox"/> Theatre/Center Stage | <input type="checkbox"/> PR/Marketing |
| <input type="checkbox"/> Jewish Book Festival | <input type="checkbox"/> Golf Tournament | <input type="checkbox"/> Aquatics |
| <input type="checkbox"/> Jewish Film Festival | <input type="checkbox"/> Library | <input type="checkbox"/> Special Needs Programs |

MEMBERSHIP AGREEMENT

As a member of the Jewish Community Center of Greater Rochester, I may choose to participate in Center programs involving physical activity. I agree to complete fully and truthfully any medical screening forms which may be required as a condition for participation in a Center program. I understand that the JCC urges all members to obtain a physical examination from their physicians prior to the use of any exercise equipment or attendance in any exercise class. A member agrees that use of all facilities will be at the member's sole and exclusive risk. The member also waives any claims for damage, loss or theft of member's property arising out of or in connection with the use of any JCC facility (including parking lot). The JCC reserves the right to change facilities, hours, class schedules and equipment. I and my estate release and hold harmless the Jewish Community Center of Greater Rochester, its officers, directors, and employees from any damages, claims, loss and liability relating to my death or any injury which may arise from my participation in any Center program. I understand that, while using the Center facility, my photograph may be taken for publicity purposes. I agree to abide by the rules and by-laws of the JCC. The signature below is the person responsible for all payments on the membership account. (A parent's signature is required for a teen membership.)

Signature _____ Date _____

Center membership is open to all regardless of race, religion, or inability to pay. For information on financial assistance, please call the Membership Services, ext. 217, to arrange for a confidential inter-

FOR OFFICE USE:

Payment <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	Join Date	Past Member <input type="checkbox"/> yes <input type="checkbox"/> no Exp. Date _____		Spa Name(s): (1) _____ (2) _____
Type	ID#	Fee	Staff Initials	