



Membership Application

Please print clearly and complete both sides of application.

Have you previously been a member of the JCC? Yes No Year _____

Joining for Wolk Joining for Geshet

ADULT 1

Title: Mr. Ms. Mrs. Miss Dr. Rabbi Rev. **DOB:** ____/____/____

First Name: _____ Last Name: _____

Female Male Prefer not to disclose

Marital Status: Single Married Domestic Partners

Household Identity: Jewish Non-Jewish Interfaith (Jewish/Non-Jewish)

Address _____

City _____ State _____ Zip _____ Primary Phone _____

E-mail _____ Cell Phone _____

Employer _____ Work Phone _____

Work Address _____

Emergency Contact Name _____ Phone _____

Relationship _____

ADULT 2

Title: Mr. Ms. Mrs. Miss Dr. Rabbi Rev. **DOB:** ____/____/____

First Name: _____ Last Name: _____

Female Male Prefer not to say

Marital Status: Single Married Domestic Partners

Household Identity: Jewish Non-Jewish Interfaith (Jewish/Non-Jewish)

Address _____

City _____ State _____ Zip _____ Primary Phone _____

E-mail _____ Cell Phone _____

Employer _____ Work Phone _____

Work Address _____

Emergency Contact Name _____ Phone _____

Relationship _____

CHILDREN

For Family and Single Parent Family memberships only.

For children up to 18 years and full time college students to 25 years.

First Name	M.I.	Last Name	Gender	DOB
_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____

MEMBERSHIP TYPE**Check one:**

- Continuous
- 3-month

Membership Category:

- Family
- Single Parent Family
- Couple
- Teen (13-18 yrs)
- Young Adult (19-29 yrs)
- Individual A (30+ yrs)
- Individual B (65+ yrs)
- Workout Express

Add-on:

- Women's Spa
- Men's Spa
(Must be 19+ yrs)

How did you hear about the JCC?

- Facebook
- Medical referral
- E-mail
- Search Engine
- JCC Website
- Friend/Family Member
- TV
- Former JCC Member
- Health Insurance
- JCC Member
- Other _____

Referred by a JCC Member? Yes No

Member Name _____ ID # _____

Are you new to Rochester, NY? Yes No**MEMBERSHIP AGREEMENT**

As a member of the Louis S. Wolk JCC 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 Physician prior to the use of any exercise equipment or attending any exercise class. A member agrees that use of all facilities will be at the members' 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 facility 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 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.

Member Signature _____ Date _____

A parent or guardian signature is required for a Teen Membership.

JCC memberships are open to all persons regardless of race, religion, or income.

FOR OFFICE USE:**PAYMENT**

- CASH
- CREDIT CARD
- CHECK

JOIN DATE**CATEGORY****ID #****FEE****STAFF INITIALS**