

SUMMER MEMBERSHIP APPLICATION

SUMMER MEMBERSHIP RATES – JUNE, JULY, and AUGUST

PAID IN FULL SUMMER MEMBERSHIP

CURRENT RATES

Category	Three Months June, July, August BEST DEAL!	Two Months	One Month	Convert to Annual Membership <small>(Corporate rates available)</small>	Waive Joining Fee for all converting to Annual Membership
Family – Two adults with dependent children	<input type="checkbox"/> \$261	<input type="checkbox"/> \$180	<input type="checkbox"/> \$95	\$79	\$100 Savings
One Adult Family – One adult with dependent children	<input type="checkbox"/> \$225	<input type="checkbox"/> \$158	<input type="checkbox"/> \$82	\$68	\$100 Savings
Two Adult – Two adults living at the same address	<input type="checkbox"/> \$225	<input type="checkbox"/> \$158	<input type="checkbox"/> \$82	\$69	\$100 Savings
Individual Adult – Student	<input type="checkbox"/> \$177	<input type="checkbox"/> \$118	<input type="checkbox"/> \$59	\$49	\$80 Savings
Senior Individual (68+)	<input type="checkbox"/> \$153	<input type="checkbox"/> \$106	<input type="checkbox"/> \$56	\$46	\$80 Savings
Senior Adult Couple	<input type="checkbox"/> \$216	<input type="checkbox"/> \$148	<input type="checkbox"/> \$78	\$65	\$100 Savings

MEMBER 1 - BILLING MEMBER

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	First Name:	MI:	Last Name:
Street Address:		P.O. Box/Apt No.:	
City:	State:	Zip Code:	
Home Phone:	Work Phone:		
Birth Date (M/D/YYYY):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Religion: <input type="checkbox"/> Jewish <input type="checkbox"/> Other	
Email Address (required for updates/special offers):			
Employer/School:		Position:	
Emergency Contact:		Emergency Phone:	

MEMBER 2 - ADULT

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	First Name:	MI:	Last Name:
Birth Date (M/D/YYYY):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Religion: <input type="checkbox"/> Jewish <input type="checkbox"/> Other	
Email Address (required for updates/special offers):			
Preferred Phone:		Employer/School:	

CHILDREN

First Name	MI	Last Name	Gender	Date of Birth	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		

PLEASE READ AND SIGN

TERMS & CONDITIONS: All members agree to abide by the rules and regulations of the JCC and are required to present a valid membership card for identification when using JCC facilities and programs. Membership dues, privileges and cards are non-refundable and non-transferable, remain the property of the JCC and must be returned upon request. In addition, memberships may be cancelled or suspended in cases of conduct which is determined to be contrary to the interest and purposes of the JCC.

WAIVER: Members agree that participation in all programs and services is purely voluntary and shall be undertaken at member's sole risk, and the JCC, its servants, agents or employees shall not be liable for, and are hereby released from, any claim, demands, actions, or causes of action whatsoever for injuries, illnesses or damages to member's person or property arising out of or in connection with the use of the services and facilities of the JCC or the premises where the same are located. Members understand that it is strongly recommended that they have a physical examination by their physician before beginning any physical fitness program. Members give permission to the Jewish Community Center to use, without limitation or obligations, photographs, film footage, or tape recordings which may include member's image or voice for purposes of promoting or interpreting JCC programs.

I have read and understood the conditions of membership set out in this MEMBERSHIP APPLICATION and I agree, on behalf of myself, and all listed herein, to be bound by these terms and conditions.

Member's Printed Name:	Signature:	Date:
Parent/Guardian's Printed Name:	Signature:	Date: