



Membership Application

PRIMARY MEMBER Mr. Mrs. Ms. Dr. Other

Last Name First MI Birthdate m / d / y

Membership Number
for office use only

Address City State Zip Code

Primary Member Bar Code
for office use only

Home Phone Home Fax E-mail

Marital Status **Religious Affiliation** **Synagogue** _____
 Married Other Jewish - Please provide details → Reform Conservative
 Single Non-Jewish Orthodox Other

Occupation Company Name

Work Address City State Zip Code

Work Phone Work Fax E-mail

SECONDARY MEMBER Mr. Mrs. Ms. Dr. Other

Last Name First MI Birthdate m / d / y

Secondary Member Bar Code
for office use only

Address City State Zip Code

Home Phone Home Fax E-mail

Marital Status **Religious Affiliation** **Synagogue** _____
 Married Other Jewish - Please provide details → Reform Conservative
 Single Non-Jewish Orthodox Other

Occupation Company Name

Work Address City State Zip Code

Work Phone Work Fax E-mail

OVER →

MEMBERSHIP APPLICATION FORM

DEPENDENTS

Last Name First MI Gender M F _____
Birthdate m / d / y Grade **Dependent Member Bar Code**
for office use only

Last Name First MI Gender M F _____
Birthdate m / d / y Grade **Dependent Member Bar Code**
for office use only

Last Name First MI Gender M F _____
Birthdate m / d / y Grade **Dependent Member Bar Code**
for office use only

Last Name First MI Gender M F _____
Birthdate m / d / y Grade **Dependent Member Bar Code**
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MEMBERSHIP AGREEMENT

I/We, the undersigned, hereby make application for membership to the Carole and Marcus Weinstein Jewish Community Center. New members are obligated to join one full year and I/We agree to abide by its rules and by-laws. Membership is not transferable nor refundable and automatically renewed at the prevailing rates and payable unless 30 days written notice of cancellation is received by the Weinstein JCC. Membership is a privilege which may be revoked with or without cause at any time by the Executive Director, Membership Director or the Board of Directors. If paid in full any unused prepaid membership fees will be returned on a pro-rated basis upon revocation of membership.

Participation in any Weinstein JCC activity and use of recreational and workout facilities involves a risk of accidental injury despite all safety precautions. I/We acknowledge that all Weinstein JCC facilities including, without limitation, the saunas, steam rooms, whirlpools, weight equipment, pools, and all sports facilities are used at my/our own risk. I/We assume all risks (injury or illness) to our children or me/us that may occur during participation in any activities or use of facilities at the Weinstein JCC.

By signing this form, I/We acknowledge that I/We am/are aware of the potential risks of participating in activities and/or programs at the Weinstein JCC and agree to in no way hold the management, agents, or employees of the Weinstein JCC liable for any injury that I/We or members of my/our family sustain.

I/We have read and understand the above statement.

Primary Member Signature Date

If you were referred by a member, please list that person above.

Secondary Member Signature Date

Would you like your name, address and telephone number to be included in the Jewish Community Directory? Yes No

FOR OFFICE USE ONLY

Membership Code

Application Date Renewal Date

Amount Received Staff Member
Payment PIF PDC\$ CC\$ EFT\$

Notes

