

J MEMBERSHIP APPLICATION

November 2018

Kaiserman JCC • 45 Haverford Rd. Wynnewood, PA 19096 • 610-896-7770 x100 • www.phillyjcc.com

Email completed form to info@phillyjcc.com or bring it in to a Member Services Representative at the front desk of the JCC

NEW MEMBER RENEWAL CHANGE

Referred by (Member Name): _____

- | | | | | |
|--|--|---|---|--|
| <input type="checkbox"/> Family (2 adults, kids under 24) | <input type="checkbox"/> Couple | <input type="checkbox"/> Single Parent Family | <input type="checkbox"/> Individual Adult (26+) | <input type="checkbox"/> Young Adult (18-26) |
| <input type="checkbox"/> Student (18+ with ID) | <input type="checkbox"/> Teen (13-17) | <input type="checkbox"/> Senior Individual | <input type="checkbox"/> Senior Couple | <input type="checkbox"/> Snowbird Individual |
| <input type="checkbox"/> Snowbird Couple | <input type="checkbox"/> Tikvah (special needs) | <input type="checkbox"/> 1-Month (Individual) | <input type="checkbox"/> 3-Month (Ind./ Family) | <input type="checkbox"/> Au Pair/Add on |
| <input type="checkbox"/> Police & Fire Ind. (LM / PHL) | <input type="checkbox"/> Police & Fire Family (LM / PHL) | <input type="checkbox"/> Silver Sneakers/Silver & Fit | <input type="checkbox"/> Swim Club Senior | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Swim Club Family(2 adults, kids under 24) | | <input type="checkbox"/> Swim Club Ind. Adult (18+) | <input type="checkbox"/> Swim Club Teen | |
| <input type="checkbox"/> Swim Club Nanny (Must be in conjunction with another swim category) | | <input type="checkbox"/> Swim Club Half Season _____ | | |

APPLICANT INFORMATION

Primary Member Mr. Mrs. Ms. Dr. Rabbi

First Name _____ Last Name _____ Gender M F DOB _____

Home Address (no PO box's) _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Second Adult Mr. Mrs. Ms. Dr. Rabbi

First Name _____ Last Name _____ Gender M F DOB _____

Home Address (no PO box's) _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Children

#1 First Name _____ Last Name _____ Gender M F DOB _____

#2 First Name _____ Last Name _____ Gender M F DOB _____

#3 First Name _____ Last Name _____ Gender M F DOB _____

#4 First Name _____ Last Name _____ Gender M F DOB _____

MEMBERSHIP AGREEMENT

All memberships are non-refundable and non-transferable. I will abide by all the rules and regulations of the Kaiserman JCC and understand my membership may be terminated without refund if rules are broken. Any membership increases will be made by written notice in advance. I understand that all members on a family membership must be living in the SAME home. I consent to emergency care of me or my family by the JCC and its staff, agents or health care providers designated by them, in accordance with their best judgement. I agree that it is my responsibility to provide insurance to cover injuries arising from participation in JCC activities or programs. I give permission for the JCC to use photos of me/my family in promotion of programs/services of the Kaiserman JCC.

I understand ALL memberships auto renew until I provide the JCC with written cancellation 30 days in advance: **X** _____

I understand ALL memberships may have an increase upon renewal: **X** _____

I understand children under the age of 16 (must have ID) are not eligible to purchase guest passes: **X** _____

I understand teen guests (13-15) must be signed in by a parent or guardian: **X** _____

I understand if I am cancelled for nonpayment, a new joining fee & past due amounts will be assessed upon renewal **X** _____

By my signature below, I release, hold harmless, and indemnify the Kaiserman JCC and the Jewish Federation of Greater Phila, as well as it's agents and employees, from and against any liability on their part, of any kind whatsoever, which may arise in any manner, from use of the JCC's facilities.

SIGNATURE **X** _____ **Date** **X** _____

EMERGENCY CONTACT NAME **X** _____ **Phone** **X** _____

BILLING INFORMATION/PAYMENT AUTHORIZATION:

Pay in Full: paid in full by check, cash, or credit card in the amount of \$ _____.

Monthly Payments: monthly payment by credit card in the amount of \$ _____.

I/We authorize the Kaiserman JCC to charge my credit card for the monthly amount on the 5th, 10th, 20th

Credit Card Type (check one): Visa MasterCard Discover

Card Number: _____ CVV# _____

Expiration Date (MM/YYYY): _____ Cardholder's Name as it appears on the card: _____

If your credit card is denied for any reason, you have 7 days to re-establish a payment plan at the membership rates in effect at that time. If the situation is not rectified within 2 billing cycles, your membership will be cancelled and no refunds for any programs will be issued. If termination for non-payment occurs, you will be required to pay all past due amounts and may be charged a joining fee to reinstate. The info provided on this form will be used exclusively for billing purposes. Your address and telephone number are used for credit card verification purposes, to protect you against fraud and to minimize credit card processing fees.

STAFF USE ONLY: Quatro Payment Confirmed Sent to Fitness Welcome sent On Spreadsheet

Staff Initials: _____ Date: _____