



For Office Use:

Membership Category/Dues Rate _____

Total Due/Total Monthly Payment _____

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> Banners | <input type="checkbox"/> Drive By/Live in Area | <input type="checkbox"/> Programs |
| <input type="checkbox"/> Corporate/Group | <input type="checkbox"/> External Advertising | <input type="checkbox"/> Referral |
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Previous Member | <input type="checkbox"/> Website |
| <input type="checkbox"/> Doctor Referral | <input type="checkbox"/> Print Ads | |

Membership Application

MEMBERSHIP CATEGORY:

<input type="checkbox"/> Family	<input type="checkbox"/> Senior Adult	<input type="checkbox"/> Senior Social Single	<input type="checkbox"/> Benefactor	<input type="checkbox"/> New Member <input type="checkbox"/> Returning Member <input type="checkbox"/> Current member, revised form
<input type="checkbox"/> Single Parent Family	<input type="checkbox"/> Youth/Teen	<input type="checkbox"/> Senior Social Couple	<input type="checkbox"/> Patron	
<input type="checkbox"/> Couple	<input type="checkbox"/> Young Adult	<input type="checkbox"/> Snowbird Senior Adult	<input type="checkbox"/> Summer College	
<input type="checkbox"/> Senior Couple	<input type="checkbox"/> Individual Adult	<input type="checkbox"/> Snowbird Senior Couple		

Name of member who referred you _____

PRIMARY MEMBER INFORMATION: (please print)

Dr. Mr. Mrs. Ms. Other (Full Name) _____

Home Address _____ City/State/Zip _____

Home Phone _____ Cell _____

Business Phone _____ E-mail Address _____

Occupation _____ Date of Birth ___/___/___

Company Name and Address _____

Emergency Contact Name _____ Phone _____ Relationship _____

SECONDARY MEMBER INFORMATION: (please print)

Dr. Mr. Mrs. Ms. Other (Full Name) _____

Home Address _____ City/State/Zip _____

Home Phone _____ Cell _____

Business Phone _____ E-mail Address _____

Occupation _____ Date of Birth ___/___/___

Company Name and Address _____

Emergency Contact Name _____ Phone _____ Relationship _____

DEPENDENT INFORMATION: (Must be 22 or younger)

Name _____	E-mail Address _____
Date of Birth ___/___/___ Age ___ Grade ___	Relationship _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Name _____	E-mail Address _____
Date of Birth ___/___/___ Age ___ Grade ___	Relationship _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Name _____	E-mail Address _____
Date of Birth ___/___/___ Age ___ Grade ___	Relationship _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Name _____	E-mail Address _____
Date of Birth ___/___/___ Age ___ Grade ___	Relationship _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
In an emergency notify _____ Phone _____ Relationship _____	



1391 Martine Avenue, Scotch Plains, NJ 07076 www.jccnj.org 908-889-8800

THIS IS A LEGALLY BINDING RELEASE, WAIVER, INDEMNIFICATION OF LIABILITY, AND ASSUMPTION OF RISK AGREEMENT.

Please read it carefully before signing.

I/We understand that participation in JCC activities and in the use of any recreational facilities involves a risk of injury despite all safety precautions. I/We as an individual or as a parent/guardian agree to **indemnify and hold harmless** the JCC of Central New Jersey, its officers/directors/independent contractors, volunteers and employees, regardless of fault, for any and all liability claims, costs or attorneys' fees or for any illness or injury to me, my children, and/or family members and guests occurring during participation in any activities or trips conducted by the JCC, and/or during the use of JCC facilities or JCC property and/or from any act or omission of any guest, participant, visitor, or other person using the facilities or participating in any activity or event. In the event of an emergency I give permission to the JCC to secure proper medical treatment. I/We will be responsible for all costs of such treatment and agree to **indemnify and reimburse** the JCC for any costs extended for such treatment. Any medical or physical conditions that would impair my/our participation in JCC activities and programs are outlined below. It is my/our responsibility to update this information with the JCC.

It is the responsibility of every individual, his/her parents, or legal guardian to provide for his/her own accident and health coverage while participating in all JCC activities. The JCC does not provide any accident or health coverage for its members, guests, or participants.

Initial _____

Emergency Contact: Name _____ Relationship _____
Phone _____

Member Name: _____ **Allergies or Medical/Physical Conditions (e.g. seizures, heart conditions):** _____

I/We give permission to the JCC to use my name and photographs in brochures, newspapers, broadcasts, telecasts, the JCC website and any other form of communication. (If you do not agree with name/photo release, please initial here. _____)

I/We, the undersigned, have read the above statements and agree to all terms and conditions and hereby make application for membership at the JCC of Central NJ.

Signature of Applicant/Parent _____ Date _____

Signature of Applicant/Parent _____ Date _____



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Automatic Monthly Payment Form

What is the JCC Automatic Monthly Payment Plan?

This program provides a convenient way to pay your JCC membership fee on a monthly basis. With your authorization, the membership fee is deducted from a checking or savings account or a credit card of your choice.

Program BENEFITS:

- Affordable. Monthly payments are easy on your budget.
- Convenient. You save time and mailing costs. With our automatic electronic transfer, there are no checks to write, no postage or stopping in the administrative office every month.
- Continuous Membership Use. Your membership will automatically be renewed each year unless you notify the JCC in writing 30 days prior to your renewal date.

Who is Eligible for Electronic Fund Transfer Payment Plan Program?

Any adult, 18 years of age or older, who has an account (checking, savings, credit, debit) at a participating financial institution.

How do I sign up?

By completing this authorization form and returning it along with a voided check or a valid credit card number and your JCC of Central NJ Membership renewal form, or new membership application.

The check must be pre-printed with the customer's name and account number.

JCC Membership payments will be drafted between the 5th and 10th of each month. A processing fee of \$3 is included. Thirty days notice is required to end automatic payment.

Membership dues are subject to increases from time to time. You will be notified in writing 30 days prior to any dues increase.

AUTHORIZATION AGREEMENT

I hereby authorize the JCC of Central NJ to initiate electronic fund entries to my

Checking Savings VISA MC AMEX

(NOTE: If using a check, please attach a voided check.) and the Financial Institution or credit card named below to debit my account.

CHECKING:

Financial Institution: _____ City: _____ State: _____

Zip: _____

Routing #: _____ Account #: _____

CREDIT CARD:

Name _____ Address _____

City _____ State _____ Zip _____

Credit Card Number: _____ Security Code: _____

Exp. Date: _____

MUST FILL OUT:

Member's Printed Name: _____ Member's Signature: _____

Date: _____



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Membership Payment Form

Member Name _____

Date _____

Member Address _____

City/State/Zip _____

Membership to the JCC of Central NJ requires an initial 12-month contract. Membership is required for preschool, kindergarten, camp and sports leagues. Members may only be released from the annual contract without financial obligation for the following reasons:

1. Medical cancellation. A doctor's letter must accompany this request stating that the member cannot physically use our facility due to a medical problem.
2. Move outside of the area. Proof of the move must accompany the request.
3. If cancellation is needed due to extenuating circumstances, situations will be considered on an individual basis by the Membership Director or the Executive Director.

Once the initial 12-month contract is fulfilled, membership is on a rolling basis*. Monthly credit card or checking account drafts will continue until notification of the cancellation of membership. If you are paying by Electronic Funds Transfer (EFT) (bank auto-draft) or via credit card and do not want to continue, you must send written or e-mail notice to the Membership Director and receive a confirmation at least 30 days before the next draft date. For those paying annually, you will receive a letter at least 30 days before your yearly renewal. This letter is a reminder of your renewal date. Renewing at any time in a membership year will be at the annual membership rate.

A late fee not to exceed \$25 will be assessed for returned checks, insufficient funds, closed accounts, frozen or declined credit cards or similar circumstances, which result in late or delayed payment to the JCC of Central NJ. Member is responsible for providing accurate and updated information on their electronic funds account to insure timely receipt of payment. If you stop payment on your credit card or check draft, we will send a letter of financial obligation to you. Legal action may be taken if necessary. We appreciate your understanding and cooperation.

Membership dues are subject to increases from time to time. You will be notified in writing 30 days prior to any dues increase.

Payment options: JCC Membership can be paid in full or by automatic monthly payment. Automatic monthly payments will be drafted between the 5th and 10th of the month. A processing fee of \$3 is included in the monthly payment amounts.

Financial assistance: Forms must be filled out each fiscal year. Please visit www.jccnj.org or call for a form.

*A registration fee is required with the first month of membership dues. The registration fee is non-refundable. Initial _____

Option #1: Automatic Monthly Payment

I authorize the JCC of Central NJ to draft \$ _____ monthly from (check one):

- MasterCard/Visa/AMEX (required info) ▶
- Checking account (attach voided check)

Option #2: Full Payment

- I have enclosed a check for _____
- I authorize a one-time credit card charge of _____ (required info) ▶

Please charge my: AMEX MasterCard Visa

Credit Card # _____

Security Code _____ Expiration Date _____

Print Name _____
(as it appears on card)

Signature _____

Date _____

Yes! I have included an additional \$100 to become a Friend of the JCC. -or-

Yes! I would like to make a donation of \$ _____

The JCC of Central NJ is a constituent agency of the Jewish Federation of Central NJ, United Way and the United Fund of Westfield. Financial assistance is available for membership and various programs.