

Children: (up to 18yrs. and/or full-time college student to 25yrs)

Name: _____ Male / Female DOB: _____
 Grade: _____ School: _____
 Name: _____ Male / Female DOB: _____
 Grade: _____ School: _____
 Name: _____ Male / Female DOB: _____
 Grade: _____ School: _____
 Name: _____ Male / Female DOB: _____
 Grade: _____ School: _____

Additional Information:

How did you hear about us? (please circle)

Mailing _____ Employer _____ TV _____ JCC Website _____
 Newspaper _____ Fair/Event _____ Jewish Organization _____ Other _____
 Were you _____

Do you have a business or service you would like us to promote? Yes No

Business name or type of service _____

Main Contact _____ Phone number _____

Contact me about:

- promoting my business by offering a benefit / saving to JCC Member
- promoting my business in E-News

Voluntary Information:

Church affiliation _____
 Synagogue affiliation _____
 Other community affiliations _____

Monthly Membership Rates: Please check the desired membership level.

	Regular Rate	Throwback Rate
<input type="checkbox"/> Single	\$59	\$45
<input type="checkbox"/> Adult Couple	\$82	\$60
<input type="checkbox"/> Family	\$95	\$75
<input type="checkbox"/> Single Parent Family	\$75	\$60
<input type="checkbox"/> Senior	\$49	\$35
<input type="checkbox"/> Senior Couple	\$69	\$50
<input type="checkbox"/> Patron	\$100	\$99

Payment Information:

There is a ~~one-time initiation fee of \$100~~ along with the first month membership fee due at the time of joining - to be submitted along with this signed application.

Please charge: Card Type: Visa MC AmEx Check # _____ Cash \$ _____

Credit Card # _____ Exp Date _____

Authorized Signature _____

Automatic Bank Draft

(please attach a voided check)

Account # _____

Routing Number: _____

Bank Name: _____

A draft of \$ _____ (or the amount provided) will be processed on the 1st of each month.

Authorized signature: _____

Credit Card Payment

Card Type: Visa MC AmEx

Account # _____

Expiration Date: _____

A draft of \$ _____ (or the amount provided) will be processed on the 1st of each month.

Name on card: _____

Authorized signature: _____

Annual Payment

Check Number: _____ Amount: _____ Card Type: Visa MC AmEx

Account # _____ Expiration Date: _____

Name on card: _____

Authorized signature: _____