



MEMBERSHIP APPLICATION

12500 NW Military Hwy., Ste. 275 • San Antonio, Texas 78231

Phone (210) 302-6820 • FAX (210) 408-2341

PRIMARY ADULT

Reason for joining _____ Referred by _____

Circle one: Mr. Mrs. Ms. Miss Dr. M F DOB ____/____/____

First Name _____ MI _____ Last Name _____

Marital Status: Married Single Partners

Street _____ Apt. _____ City _____ State _____ ZIP _____

Home Phone () _____ Cell Phone () _____ Bus. Phone () _____

E-Mail _____ New to the area Yes No

Occupation _____ Company _____

SECONDARY ADULT

Reason for joining _____ Relationship to Primary _____

Circle one: Mr. Mrs. Ms. Miss Dr. M F DOB ____/____/____

First Name _____ MI _____ Last Name _____

E-Mail _____ Cell Phone () _____

Occupation _____ Company _____ Bus. Phone () _____

IN CASE OF EMERGENCY NOTIFY

Name	Relationship	Phone
_____	_____	() _____
_____	_____	() _____

CHILDREN (to age 25 w/ ID)

First Name	MI	Last Name	Sex	DOB	Relationship	Grade

COMMUNICATION PREFERENCES

I prefer to receive the JCC newsletter Mail Online Both

I would like to receive the JCC email blast Yes No

Please include me in the annual JCC Directory Yes No

Cell phone carrier: _____

RELIGION

Jewish Jewish Interfaith

Non-Jewish

OVER

MEMBERSHIP CATEGORIES

FAMILY CATEGORIES

- Family
- Family Plus

COUPLE CATEGORIES

- Couple
- Young Couple (age 18-34)
- Senior Couple (age 65+)
- Senior Social
- Couple Plus

INDIVIDUAL CATEGORIES

- Individual
- Young Adult (age 18-34)
- Senior (age 65+)
- Senior Social
- Individual Plus
- Tennis (age 18+)

• NON-REFUNDABLE ENROLLMENT FEE **\$75 (\$25 TENNIS MEMBERSHIP)** •

MONTHLY PAYMENT OPTIONS

I have read and understand that:

- My credit card or bank account will be charged/drafted monthly until I provide written notice of my intent to cancel membership.
- Cancellation requires 30-days written notice.
- My cancellation notice will be considered complete upon review of my account and confirmation that no outstanding balance exists.

• A cancellation or category change while any member in a JCC program subject to a fee increase consistent with non-member rates or suspension of program privileges, whichever is applicable.

• The Primary member on the account may provide a membership cancellation or category change.

Initial Here

MONTHLY PAYMENT BY:

Checking Account Bank Charge Authorization: I/ (We) hereby authorize the Jewish Community Center to charge the account indicated below for my (our) monthly dues. Simply attach a voided check showing your account number and bank number.

OR

Credit Card Charge Authorization: I/ (We) hereby authorize the Jewish Community Center to bill my (our) credit card in payment of monthly dues, enrollment fee, and signature purchasing.

Bank Name: _____

Routing #: _____

Account #: _____

City/State/Zip: _____

Signature: _____

Date: _____

Card #: _____ Exp.: _____

Billing Address: _____

City/State/Zip: _____

Name on Card: _____

Signature: _____

Date: _____

WAIVER & RELEASE

I understand that participation in any JCC activity and use of the facilities or equipment at the JCC involves risk of injury. Prior to participation in any activity, I understand that it is my responsibility to consult my physician and to disclose any limitations to the JCC that could lead to injury or illness from such participation. I/we agree to inspect all facilities and equipment prior to use and to inform the JCC staff of any dangerous situation with all equipment and/or facilities. I further agree to refuse to participate or continue to participate in any activity until such dangerous situation or equipment is remedied. In addition, I/we agree to indemnify, hold harmless, and release the JCC, its officers, directors, independent contractors, volunteers and all employees for any injury I/we or my family might sustain or have sustained while participating in any JCC activity including any injury or claim which is the proximate result of the sole negligence of the JCC. It is the JCC policy that all monies received are applied to any outstanding JCC balances. I understand that the JCC photographs and videotapes for publicity and educational purposes during the year and I give permission for myself & my family members' picture to be used for publicity or educational purposes by the JCC.

In addition to monthly dues, there is a NON-REFUNDABLE ENROLLMENT FEE. I/We understand that JCC Membership is a privilege, which may be revoked with or without cause at any time by the Barshop JCC CEO or Board of Directors.

Membership fees are not refundable. Membership Card is required at all times while using the Center.

SIGN & DATE HERE

Applicant Signature / Date

FOR OFFICE USE ONLY

Category: _____ Monthly Dues: _____ Enrollment Fee: _____

FA, Comp, Promo: _____

Enrollment Fee/Dues Payment: Cash Credit Card Check # _____

Staff Initials:

Key Cards Issued: _____