



Jewish Community Center

membership application

application will not be processed unless both sides are complete

member information:

please print clearly

family

family name: _____ telephone: _____
 home address: _____ congregation affiliation: _____
 city: _____ state: _____ zip: _____

adult member(s)

<p>1 name: _____ sex: <input type="checkbox"/> m <input type="checkbox"/> f birth date: __/__/__</p> <p>occupation: _____ employed by: _____ work address: _____ city: _____ state: _____ zip: _____ work phone: _____ email: _____</p>	<p>2 name: _____ sex: <input type="checkbox"/> m <input type="checkbox"/> f birth date: __/__/__</p> <p>occupation: _____ employed by: _____ work address: _____ city: _____ state: _____ zip: _____ work phone: _____ email: _____</p>
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children (22 and under) & dependants

name(s)	sex	birthdate	name(s)	sex	birthdate
_____	<input type="checkbox"/> m <input type="checkbox"/> f	__/__/__	_____	<input type="checkbox"/> m <input type="checkbox"/> f	__/__/__
_____	<input type="checkbox"/> m <input type="checkbox"/> f	__/__/__	_____	<input type="checkbox"/> m <input type="checkbox"/> f	__/__/__
_____	<input type="checkbox"/> m <input type="checkbox"/> f	__/__/__	_____	<input type="checkbox"/> m <input type="checkbox"/> f	__/__/__

waiver

The signer(s) of this application jointly, severally and individually hereby waive(s) all rights against and releases(s) the Tampa JCC/Federation, Inc., its agents, employees, personnel, officer and directors (collectively the "JCC") for any loss, claim, action, cause of action, suit, cost, liability, expense, injury, damage or suffering of any nature whatsoever arising out of, sustained or occurring under or in any way connected with the participation of the undersigned (and/or any children or spouse of the undersigned) in any JCC program or activity, including any activity taking place in relationship to this document, even if the JCC is or was in some manner negligent or careless, and the undersigned assume(s) all risk inherent and incidental to any of the foregoing programs, and/or activities as a condition of signing this document, and the undersigned agree(s) that the foregoing release and waiver shall be binding on all heirs, successors, assigns, agents or representatives of the undersigned. The undersigned hereby applies for membership in the Tampa Jewish Community Center (the "JCC") for the undersigned and above listed family members, and understand(s) the JCC is an institution which is dedicated to the preservation and strengthening of the Jewish people and the Jewish way of life. JCC programs are devoted primarily to carrying out this goal. The JCC is a Jewish institution open to all who wish to participate regardless of race, religion, or creed.

The JCC may take photography and/or video of any/all programs and activities and use them for advertising and publicity purposes. Members and guests will not be compensated in any way for the use of this material.

signature(s) **1** _____ **2** _____ date __/__/__



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membership type: check one

all plans are an annual rate except the jfit monthly option for individuals

family plans	family	single parent family
	two adults & all dependents living under the same roof	one adult & all dependents living under the same roof
full	<input type="checkbox"/> \$450	<input type="checkbox"/> \$300
associate	<input type="checkbox"/> \$54	<input type="checkbox"/> \$36

couple plans	couple	senior couple	student couple
	two adults living under the same roof	two adults - one 65 years or older living under the same roof	two adults & one valid student ID living under the same roof
full	<input type="checkbox"/> \$400	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200
associate	<input type="checkbox"/> \$54	<input type="checkbox"/> \$54	<input type="checkbox"/> \$54

individual plans	individual	senior individual	student individual
	one adult	65 years or older	16 years or older & a valid student ID
full	<input type="checkbox"/> \$350	<input type="checkbox"/> \$175	<input type="checkbox"/> \$175
associate	<input type="checkbox"/> \$36	<input type="checkbox"/> \$36	<input type="checkbox"/> \$36
jfit monthly	<input type="checkbox"/> \$36*	<input type="checkbox"/> \$36*	<input type="checkbox"/> \$36*

*3 month minimum required - \$108 credit towards full membership if converted during first three months

payment information: please print clearly

please add me to your mailing list billing: bill me by mail charge my credit card

name: _____

bill me each: year quarter month
(3 month minimum required for monthly memberships)

home address: _____

payment: cash check mastercard visa

city: _____ state: _____ zip: _____

credit card number: _____

home phone: _____

exp date: ____/____/____ card security number: _____

cell phone: _____

see back of card - 3 digit number at end of card number

signature: _____

If payment is by credit card, card holder's signature is required & name and address provided must be the same as credit card billing address.

office use

entered into

copy to

date & initial

giftraq	elink	member services	accounting	file
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>