

2018 MEMBERSHIP APPLICATION

JEWISH COMMUNITY CENTER

1125 College Avenue Columbus, Ohio 43209 614-231-2731 FAX: 614-231-8222

(check one) Annual _____ Month-to-Month _____

PLEASE PRINT ALL INFORMATION

Today's Date: _____

Join Date: _____ Account Number: _____ Category: _____ Expiration/Renewal Date: _____
New _____ Rejoin _____

LIST ONLY THOSE FAMILY MEMBERS WHO WILL BE JCC MEMBERS

PRIMARY MEMBER INFORMATION

Name _____ DOB _____ M/F _____ Marital Status _____
Last First MI

Address _____ City/State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____ E-mail _____

Employment _____ Driver's License # & State _____
Place of Employment/Occupation _____

Address _____ City/State/ Zip _____

SECONDARY MEMBER INFORMATION

Name _____ DOB _____ M/F _____ Marital Status _____
Last First MI

Home Phone _____ Cell Phone _____ Work Phone _____ E-mail _____

Employment _____ Driver's License # & State _____
Place of Employment/Occupation _____

Address _____ City/State/ Zip _____

DEPENDENTS

<u>Name</u>	<u>M/F</u>	<u>DOB</u>	<u>School</u>	<u>Grade</u>
_____	_____	____/____/____	_____	_____
_____	_____	____/____/____	_____	_____

Does anyone in the household identify themselves as Jewish? ____yes ____no Synagogue Affiliation _____

Emergency Contact: _____
Name Relationship Phone

Referred By _____

Reason for Joining: ____Adult Programming ____Aquatics ____Babysitting ____Basketball ____Camp ____Children's Programming
____Cultural Arts/Theatre ____Delay the Disease ____ECS ____Deluxe Health Center ____Fitness ____Group Fitness Classes
____Kaleidoscope ____Massage ____Obstacle Course ____Personal Training ____Racquetball ____Senior Programming
____Silver Sneaker Classes ____Softball ____Sports Leagues ____Strength Training ____Swim Lessons ____Table Tennis
____Tennis/Tennis Lessons ____Volleyball ____Water Fitness Classes

How did you hear about the JCC? ____Bookfair ____Driving by the JCC ____ECS ____Former Members ____Friend/Relative ____JCC
Employee ____JCC Member ____JCC Website ____Jewish Communal Worker ____Lives in Neighborhood ____Medical Referral ____Non
JCC group/meeting ____Prospective Mailer ____Realtor ____Senior Programming ____Silver Sneakers ____Social Media ____Synagogue
Newsletter ____Transferred from another JCC
____Other (please specify): _____

I hereby apply for membership at the JCC and agree to abide by its rules and policies. I understand that membership, Deluxe Health Center add-ons, and registration fees are non-refundable and non-transferable.

Signature _____ Date _____ Signature of Parent/Legal Guardian of Minor _____
I hereby consent to the reproduction, publication, or other use of my/our name or photograph for publicity purposes.

Signature _____ Date _____ Signature of Parent/Legal Guardian of Minor _____