

# 2020 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 \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

#### DEPENDENTS

Name \_\_\_\_\_ M/F \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ M/F \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

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 \_\_\_\_\_