

# MEMBERSHIP application

## FOR CENTER USE ONLY

Batch \_\_\_\_\_ Membership Number \_\_\_\_\_ Membership Type \_\_\_\_\_ Date Joined \_\_\_\_\_

### MEMBER ONE

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Sex:  Male  Female Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status:  Married  Single  Divorced  Widow  Separated

Occupation \_\_\_\_\_ Firm Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Reason for joining \_\_\_\_\_ Referred by \_\_\_\_\_ Mail bills to:  Home  Business

### VOLUNTARY INFORMATION (for statistical purposes only)

Jewish  Other If Jewish, name of synagogue \_\_\_\_\_  Orthodox  Conservative  Reform  Other

### MEMBER TWO

Last Name (if different) \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Title \_\_\_\_\_

Sex:  Male  Female Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail Address \_\_\_\_\_

Occupation \_\_\_\_\_ Firm Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

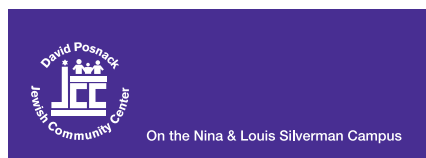
Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### DEPENDENTS

First Name	M.I.	Last Name (if different)	Sex	Birth date (mo./day/yr.)
_____	_____	_____	<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	____/____/____

I am interested in receiving information about:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Fitness               | <input type="checkbox"/> Cultural Arts Events     | <input type="checkbox"/> Adult Classes  | <input type="checkbox"/> Senior Programs    |
| <input type="checkbox"/> Singles Events        | <input type="checkbox"/> Tennis/Racquetball       | <input type="checkbox"/> Sports Leagues | <input type="checkbox"/> Preschool          |
| <input type="checkbox"/> After-school Programs | <input type="checkbox"/> Teen Events and Programs | <input type="checkbox"/> Summer Camp    | <input type="checkbox"/> Children's Classes |
| <input type="checkbox"/> Jewish Education      | <input type="checkbox"/> Volunteering             | <input type="checkbox"/> Other: _____   |   |



**OVER** →

For information call **954-434-0499**  
 5850 S. Pine Island Road • Davie, FL 33328-5900 • [www.dpjcc.org](http://www.dpjcc.org)  
 On the northeast corner of Stirling and Pine Island Roads

## publicity/promotions

### Consent of Subject Release

I \_\_\_\_\_, hereby consent to and authorize the use, release and reproduction by the Jewish Community Centers of South Broward, Inc, and/or the David Posnack Jewish Community Center, of any and all photographs, videos (by JCC staff or designated photographers), as well as any article written (by JCC or media) for publicity and/or promotional purposes. The consent is for all members listed on the membership application and all minors who may or may not be listed at time of joining.

## parent permission form

As the parent/legal guardian of the child/children listed on the membership application and those that may not be listed at the time of joining, I take full responsibility for the actions of the child/children and any and all minor guest of my child. I have signed this parent permission form and understand that I am fully responsible for their actions. This consent is for all minors who may or may not be listed at time of joining.

I further understand that any minor guest of my child/children will be signing a guest pass with the following language:

*The DPJCC reserves the right to restrict or to remove persons from activities when appropriate. In consideration for permitting entry to the JCC, I agree that the DPJCC will not be responsible for expenses incurred from accidents or injuries, which may occur while attending or participating in any activities sponsored by the DPJCC or by reason of my attendance at the JCC or any theft in the JCC or surrounding areas. I hereby release the DPJCC and its employees, officers and directors for any loss, cost or damage I may incur, including without limitation from the negligence of any person. I UNDERSTAND AND AGREE TO PARTICIPATE AT MY OWN RISK. It is further understood and agreed that if I do not understand how to operate equipment or machinery while at the DPJCC, I agree not to use same and will seek instruction from JCC personnel before using equipment or machinery.*

If a parent permission slip is not on file at the DPJCC for each minor guest, then DPJCC staff will contact said parent/legal guardian to obtain verbal approval and agreement to all of the above rules. Verbal approval by said parent/legal guardian will be noted on each signed guest pass.

## How did you hear about us?

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Miami Herald | <input type="checkbox"/> Mind/Body/Soul/Synagogue |
| <input type="checkbox"/> Sun-Sentinel | <input type="checkbox"/> Jewish Journal           |
| <input type="checkbox"/> Friend       | <input type="checkbox"/> Website                  |
| <input type="checkbox"/> Radio        | <input type="checkbox"/> Television               |
| <input type="checkbox"/> Guest        | <input type="checkbox"/> Other _____              |

I do hereby acknowledge that as the Primary Applicant, I am responsible for my conduct as well as any additional applicants listed on the front of this application. I also acknowledge that it is assumed that if the front of this document is completed and the document is unsigned, that I am agreeing to the terms of Membership. It is also assumed that the co-applicant and sub-members are also agreeing to the terms of Membership by proxy of the Primary Applicant's signature.

\_\_\_\_\_  
Applicant's Signature Date

## payment options & authorization

FIRST PAYMENT OR PAYMENT IN FULL IS DUE AT SIGNING.  
PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS:

### OPTION #1: PAY IN FULL

Membership Fee: \$ \_\_\_\_\_

Enrollment Fee: \$ \_\_\_\_\_

**Total Amount Due:** \$ \_\_\_\_\_

Credit Card  Check  Cash

### OPTION #2: PAY MONTHLY BY CREDIT CARD

Monthly Membership Fee: \$ \_\_\_\_\_

Enrollment Fee: \$ \_\_\_\_\_

Total First Payment: \$ \_\_\_\_\_

**Total Amount Due by End of Year:** \$ \_\_\_\_\_

I would like the David Posnack JCC to charge my monthly dues on the  1st  15th of each month from my:

Visa  MasterCard  American Express

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Do you wish to pledge to the voluntary building fund?

No  Yes How much? \$ \_\_\_\_\_

(Payable over a 3-year period.)

I, the undersigned, hereby make application for membership in the David Posnack Jewish Community Center. I agree to abide by its rules and BY-LAWS.

I understand that membership is for 12 months from enrollment month. It is understood and agreed that the JCC is not responsible for any injuries suffered while participating in JCC activities. MEMBERSHIP DUES ARE NOT TRANSFERABLE OR REFUNDABLE.

I understand that this agreement is for the entire membership fee for one year. I understand that this agreement will automatically renew each year on my renewal date for the following year's membership fee, unless I give written cancellation notice to the JCC, 30 days in advance of the renewal date. I understand that membership fees are subject to change on an annual basis and that the amount debited from my bank account or charged to my credit card will be adjusted accordingly. If a payment is returned for any reason, I understand that I will be charged \$25. The \$25 fee and the declined monthly membership payment must be paid within 10 days of notification, or my membership may be discontinued. I understand that it is my responsibility to notify the JCC in writing should I change my financial institution and/or account at any time. I agree to pay all costs of collection including reasonable attorney's fees. THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE.

\_\_\_\_\_  
Applicant's Signature Date