

MEMBERSHIP application

There is a \$100 non refundable processing fee for all new members or those who are re-joining after a lapse of 6 months or more. All membership changes not made at renewal date are subject to a \$50 administrative fee.

MEMBERSHIP CATEGORY _____ AMOUNT _____ PROMOTION _____
 HEALTH SPA UPGRADE (Additional Fee: \$15/Mo) Male Spa Female Spa
 HEALTH SPA TOWEL SERVICE (Additional Fee: \$15/Mo) Male Female
 REFER A FRIEND _____ ACCOUNT # _____

ADULT I

Last _____ First _____ MI _____ Gender: M F DOB __/__/__
 Circle one: Mr. Mrs. Miss. Ms. Dr. Rabbi Cantor Marital Status: Married Single Divorced Widowed
 Street _____ Apt. _____ City _____ State _____ Zip _____
 Home Phone (____) _____ I/We are new to the area: YES NO
 E-mail: Home _____ Business _____ Cell Phone (____) _____
 Company _____ Occupation _____ Bus. Phone (____) _____
 Bus. Address: Street _____ City _____ State _____ Zip _____
 Billing Address if different from home address:
 Street _____ Apt. _____ City _____ State _____ Zip _____

ADULT II

Last _____ First _____ MI _____ Gender: M F DOB __/__/__
 Circle one: Mr. Mrs. Miss. Ms. Dr. Rabbi Cantor Marital Status: Married Single Divorced Widowed
 E-mail: Home _____ Business _____ Cell Phone (____) _____
 Company _____ Occupation _____ Bus. Phone (____) _____
 Bus. Address: Street _____ City _____ State _____ Zip _____

In Case of Emergency Notify:

Name _____ Phone (____) _____ Cell Phone (____) _____ Relationship _____
 Name _____ Phone (____) _____ Cell Phone (____) _____ Relationship _____

FAMILY DEPENDENTS (Student/Dependent to age 25 with ID)

First Name	M.I.	Last Name	Sex	DOB	School	Grade

OVER →

Optional: Religion: Jewish Other _____ Synagogue: Orthodox Conservative Reform Other
Place of Worship _____ Interests/Hobbies _____

METHOD OF PAYMENT

Payment in Full

Check Visa/MC/AMEX Card # _____ Exp Date ____ / ____ Signature _____

Monthly Payments Via Electronic Fund Transfer (See below)

ELECTRONIC FUND TRANSFER

What is the JCC Automatic Payment Plan?

This program provides a convenient way to pay your annual JCC membership fee on a monthly basis. With your authorization, the membership fee is deducted from a checking or savings account or a credit card of your choice.

Program BENEFITS:

- **Affordable.** Monthly payments are easy on your budget.
- **Convenient.** You save time and mailing costs. With our automatic electronic transfer, there are no checks to write, no postage or stopping in the administrative office every month.
- **Continuous Membership Use.** Your annual membership will automatically be renewed unless you notify the JCC in writing 30 days prior to your renewal date.

Who is Eligible for Electronic Fund Transfer Payment Plan Program?

Any adult, 18 years of age or older, who has an account (checking, savings, credit, debit) at a participating financial institution.

How do I sign up?

By completing this authorization form and returning it along with a voided check or a valid credit card number and your Katz JCC Membership renewal form, or new membership application.

The check must be pre-printed with the customer's name and account number.

For more information, please call Kathy McLaughlin at 856-424-4444, ext. 1198.

AUTHORIZATION AGREEMENT

I hereby authorize the Katz JCC to initiate electronic fund entries to my

Checking Savings VISA MC AMEX (NOTE: If using a check, please attach a voided check.)

and the Financial Institution or credit card named below to debit my account for the next 12 consecutive months.

CHECKING

Financial Institution: _____ City: _____ State: _____ Zip: _____

Routing #: _____ Account #: _____

(9 digit number on lower left side of check)

(next to routing number)

CREDIT CARD

Credit Card Number: _____ Exp. Date: _____

MUST FILL OUT

Terms & Conditions: I understand that this is a continuous plan and I authorize the Betty & Milton Katz JCC to contact my bank or credit card company on my behalf to set up the automatic monthly checking account or credit card charge. In addition, I acknowledge that this is an annual membership and authorize the automatic renewal of my annual membership each year unless I notify the JCC in writing at least 30 days prior to my renewal date, of my intention not to renew. The JCC may adjust the monthly fees on an annual basis. All returned bank drafts or declined credit card charges will result in a \$30 fee per occurrence.

Member's Printed Name: _____ Member's Signature: _____ Date: _____

FOR OFFICE USE

Promo _____ Discount \$ _____

Batch # _____

Account # _____

Membership Cat. _____ Membership \$ _____

SPA M _____ F _____ \$ _____

Amount paid \$ _____ Balance \$ _____

See Payment Plan _____

Date _____ Staff _____

/We, the undersigned, hereby make application for membership to The Betty & Milton Katz Jewish Community Center. I/We agree to abide by its rules and regulations. I/We understand that all memberships are annual, on a revolving calendar year basis, not transferrable and not refundable. All memberships must be paid in full at time of joining or may be paid monthly via electronic fund transfer. The Katz JCC reserves the right to suspend or revoke program or membership privileges of members whose behavior is deemed inappropriate or detrimental to the well-being of members or staff. The JCC has permission to use images of me and/or my family in solicitation, advertising and agency activities. The JCC is open to men, women and children of all races, religions, and national origins.

Signature: _____ Date: _____