

Membership Agreement

I/We, the undersigned, hereby apply for membership at the Katie & Irwin Kahn Jewish Community Center and agree to the following:

I/We agree to abide by all the JCC rules and regulations which are subject to change.

I/We understand that this membership agreement is a one-year contract.

I/We understand that membership will automatically renew unless a Membership Cancellation Form is completed and turned into the Member Services Director 30 days prior to requested cancellation date. I/We understand that if a billing period falls within the 30 days prior to requested cancellation date, I/we am/are responsible for the membership dues that are drafted.

I/We understand that memberships are non-transferable.

I/We understand that the initiation fee, membership dues, and facility maintenance fees are non-refundable.

I/We understand that I/we will be assessed a service charge of \$25.00 in the event any payment to the Katie & Irwin Kahn Jewish Community Center is declined.

I/We understand that failure to keep account current could result in credit reporting.

I/We understand *if* a fitness/aquatic orientation is desired, it must be within the first three months of joining.

I/We give permission for my/our image(s) to be used in JCC printed, video and website publications.

In consideration of participating in JCC activities and to use the facilities and equipment, I/We accept all risk to my/our health and of any injury or death that may result from such participation. I/We hereby release the JCC, its board of directors, officers, employees and representatives from any and all liability from any and all claims and causes of action for loss or damage to my/our property and for any and all illness or injury to my/our person(s), including death, that may result from or occur during participation in a JCC activity.

I, THE UNDERSIGNED, HAVE READ THIS AGREEMENT AND AGREE TO ABIDE BY ITS RULES AND REGULATIONS. I UNDERSTAND THAT MEMBERSHIP IS ON AN ANNUAL BASIS, NON-TRANSFERRABLE, AND THAT DUES ARE NON-REFUNDABLE.

APPLICANT'S SIGNATURE _____ DATE _____

KATIE & IRWIN KAHN JEWISH COMMUNITY CENTER

306 Flora Drive | Columbia, SC 29223

803-787-2023 | 803-462-1337 (fax) | jcccolumbia.org

Katie & Irwin Kahn Jewish Community Center



Office Use Only

Member #: _____

Last Name: _____

Join Date: _____

Category: _____

Proration \$: _____

Membership Application

Main Member Have you ever been a member of the Katie & Irwin Kahn JCC? Yes No

Prefix: Mr. Mrs. Ms. Dr. Rabbi **Gender:** Male Female

First Name: _____ MI: _____ Last Name: _____

Street Address: _____ Apt#: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Birth Date (mm/dd/yy): _____ Email Address: _____

Marital Status: Married Single Divorced Widowed Domestic Partner

Occupation: _____ Business Name _____

In Case of Emergency, please notify

Name: _____ Relationship: _____

Phone Number: _____ Alt Phone Number: _____

Spouse/Partner (Adult 2)

Prefix: Mr. Mrs. Ms. Dr. Rabbi **Gender:** Male Female

First Name: _____ MI: _____ Last Name: _____

Street Address: _____ Apt#: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Birth Date (mm/dd/yy): _____ Email Address: _____

Children/Dependants (up to 18yrs. and/or full-time college student to 25yrs)

Name: _____ Male Female
 Relationship : _____
 DOB: (mm/dd/yy) _____

Name: _____ Male Female
 Relationship : _____
 DOB: (mm/dd/yy) _____

Name: _____ Male Female
 Relationship : _____
 DOB: (mm/dd/yy) _____

Name: _____ Male Female
 Relationship : _____
 DOB: (mm/dd/yy) _____

Additional Information

How did you hear about us?

- Mailing Employer JCC Website Social Media Fair/Expo Web Search
 Neighborhood HOA Jewish Organization Friend/Relative Other _____

Membership Referral

Were you referred here by one of our current JCC Members? Yes No

Affinity Discount Group

Is your employer or homeowner association a member of our Affinity Group?

If **YES**, Great! Tell us where you work and/or neighborhood you live in

_____ Contact Name: _____

If not, you can help your employer and/or homeowner association in becoming one of our Affinity Group members by putting us in contact with someone there!

Contact Name _____ Phone Number _____

Once they become an Affinity Group member, you will start receiving your monthly membership dues discount!

Voluntary Information

Synagogue Affiliation _____ Church Affiliation _____

Other Community Affiliations _____

Monthly Membership Rates Please check the desired membership level

	<u>Regular Rate</u>	<u>Throwback Rate</u>
<input type="checkbox"/> Single Adult 1 Adult (age 18 – 69)	\$59	\$45
<input type="checkbox"/> Adult Couple 2 Adults (18 – 69)	\$82	\$60
<input type="checkbox"/> Family Couple w/children up to 18yrs and/or full-time college student up to 25yrs	\$95	\$75
<input type="checkbox"/> Single Parent Family Single Adult w/children up to 18 yrs and/or full-time college student up to 25yrs	\$75	\$60
<input type="checkbox"/> Senior Single Single Adult over the age of 70	\$49	\$35
<input type="checkbox"/> Senior Couple Couple over the age of 70	\$69	\$50

Facilities Monthly Maintenance Fees [\$2.00 - Single & Single Parent] [\$3.00 - Couple & Family]

Initiation/Joining Fee

There is a **one time initiation fee of \$100 along with the 1st month membership fee** due at the time of joining - to be submitted along with this signed application

Payment Options Monthly or Annual (5% discount on annual payment)

MONTHLY: A draft of \$ _____ (Monthly Membership Dues & Facility Maintenance Fee) will be processed on the 1st of each month.

ANNUAL: A draft of \$ _____ (12 Month Total of Membership Dues & Facility Maintenance Fee) will be processed at time of joining.

Complete Below Section for Credit/Debit Card or Automatic Bank Draft

Credit/Debit Card Payment Card Type: DISC VISA MC AMEX**

Please note: If you choose AMEX as form of payment a 3.5% surcharge will be added to membership dues

Name On Card: _____ Card # _____

Expiration Date: _____ CVC/ CVV# (3 or 4 didget code on back of card) _____

A draft of \$ _____ (Monthly Membership Dues & Facility Maintenance Fee) will be processed on the 1st of each month

Authorized Signature: _____

Automatic Bank Draft (please attach a voided check)

Name On Account: _____ Bank Name: _____

Account #: _____ Routing Number: _____

A draft of \$ _____ (Montly Membership Dues & Facility Maintenance Fee) will be processed on the 1st of each month

Authorized Signature: _____