



Membership Agreement

Samueli Jewish Campus, 1 Federation Way, Suite 200, Irvine, CA 92603 • Phone: 949-435-3400 • Fax: 949-435-3401 • E-mail: membership@jccoc.org • www.jccoc.org

M.I.

Mr. Dr.	Mrs. Rabbi	Ms. Cantor	Last Name	First Name	M.I.	JCC OFFICE USE ONLY:	
						Rec'd by _____ Date _____	
E-mail 1			DOB / /			Input by _____ Date _____	
E-mail 2			Synagogue Affiliation			Promotion _____	
			City / State / Zip			Tour given by _____	
How did you learn about the Merage JCC? <input type="checkbox"/> Ad <input type="checkbox"/> Web <input type="checkbox"/> Friend				Home Phone		Cell Phone	
Referred by:							
Mr. Dr.	Mrs. Rabbi	Ms. Cantor	Spouse Last Name	Spouse First Name	M.I.	Spouse DOB / /	Have you ever been a member of the J? Y / N
Your employer			Spouse employer			Does your employer match charitable donations? Y / N	
Please list names/gender/ages of your children. (There is no additional fee for dependent children who are full time students 25 years or younger residing at the same address.)							
Name		M / F	D/O/B	Name		M / F	D/O/B
							Please list children's schools:
Name		M / F	D/O/B	Name		M / F	D/O/B

First

Check areas of interest to you and your family: <input type="checkbox"/> Aquatics/Swim Team <input type="checkbox"/> Children's Enrichments <input type="checkbox"/> Cultural Arts (theater, fine arts, music)	<input type="checkbox"/> Fitness <input type="checkbox"/> Jewish Education/Workshops/Lectures <input type="checkbox"/> Preschool/Toddler Enrichment <input type="checkbox"/> Personal Training <input type="checkbox"/> Singles Activities	<input type="checkbox"/> Special Events/Fundraising <input type="checkbox"/> Sports Leagues <input type="checkbox"/> Summer Camps <input type="checkbox"/> Teen Programs	Other (Describe): <input type="checkbox"/> I would like to serve on a committee or volunteer.
Why did you choose JCC membership? (Check all that apply). <input type="checkbox"/> Good Value <input type="checkbox"/> Location/Convenience <input type="checkbox"/> Jewish Environment <input type="checkbox"/> Facility/Amenities <input type="checkbox"/> Family-Friendly <input type="checkbox"/> Classes/Events/Programs			

Last

PLEASE CIRCLE THE APPROPRIATE PAYMENT OPTION	MONTHLY FEE	INITIATION FEE	PRO RATE	TOTAL DUE AT SIGNING
Couple/Family	\$95	\$145	Office use only	
Single Parent/Unmarried Single	\$65	\$145		
Young Adult (18-30)	\$50	\$145		
Senior Ambassador Couple (62+) Social membership only. Must upgrade to use the Gym, Fitness or Aquatics Center	\$50	\$75		
Senior Ambassador Single (62+) Social membership only. Must upgrade to use the Gym, Fitness or Aquatics Center	\$40	\$75		

SPONSORING MEMBERSHIPS: Your generous donation will provide scholarships for families who need assistance with membership fees. All Sponsoring Memberships are tax-deductible, less value of memberships. No initiation fee applies to Sponsoring Memberships.		
Platinum Membership	\$4,800	
Diamond Membership	\$3,600	
Gold Membership	\$2,400	
Silver Membership	\$1,800	

Monthly fees are payable by EFT (Electronic Funds Transfer) or debit card only.

METHOD OF PAYMENT (Please select one of the payment methods below.)

- A Sponsoring Membership in the amount of \$_____ is enclosed. One-time payment by check payable to JCCOC or by credit card.
- I authorize withdrawal of the monthly fee from my bank account by **ELECTRONIC FUNDS TRANSFER (EFT) OR DEBIT CARD.**

(Please attach EFT Authorization Form and voided check to this application or attach debit card authorization.)

I hereby make application for membership to the Merage Jewish Community Center of Orange County and agree to abide by its rules and regulations. **I acknowledge that membership is based on a 12 month agreement and is automatically renewed and payable** (Initial here: _____) unless written notice of cancellation is received thirty (30) days prior to membership expiration. I understand membership is not transferable or refundable and that my participation in physical conditioning and recreational programs is at my own and/or my family's risk. I understand that I must be in good financial standing to retain membership or re-join the Merage JCC.

The Merage JCC reserves the right to use all pictures and video for publicity purposes.

The Merage JCC will publish an annual Membership Directory. If you **do not** want your contact information listed in the directory, please initial here: _____

Signature _____ Date _____

Please choose a monthly payment method:



1. Authorization for monthly payment of Membership by Electronic Funds Transfer (EFT)

Check one:

- I have attached a check for my initiation fee and first month's membership. This check is on the account I wish to use for Electronic Funds Transfer (EFT) for my monthly membership fees.
- I have attached a voided blank check on the account I wish to use for EFT for my monthly membership fees. I have paid my initiation fee and first month's dues by _____.

I authorize my financial institution to charge my account on the 2nd of each month and pay the Merage Jewish Community Center of Orange County the monthly membership installment.

I understand that the authority to charge my account at the bank shall be the same as if I had signed a check payable to the Merage JCC (JCCOC). This authority shall remain in full force and effect until I advise the Merage JCC to cancel. A record of charges will appear on my monthly bank statement. That statement will serve as a receipt. The Merage JCC is authorized to make adjustments to correct errors. There is an additional \$25 charge if payment is refused for any reason. If there is a change to my account, I agree to notify the Merage JCC immediately and allow 30 days to process the bank draft. I understand that I may need to provide alternative payment until the new bank draft takes effect.

Name (please print) _____

Signature _____ Date _____

or

2. Authorization to charge JCC Fees to Debit or Credit Card

I authorize the Merage JCC to charge my ___ debit card ___ credit card for my JCC dues and fees.

VISA MC AMEX Card # _____ Security Code _____

Name on Card _____ Exp. Date _____

Signature _____ Date _____