



Merage JCC Membership Application

Merage Jewish Community Center of Orange County

1 Federation Way, Suite 200, Irvine, CA 92603

Phone: 949-435-3400 • Fax: 949-435-3401

E-mail: membership@jccoc.org • www.jccoc.org

Membership Notes: Acct. # _____

Member Name _____

Join Date _____ Promotion _____

Input by _____ Tour by _____

NAME OF MEMBER WHO REFERRED YOU	TYPE OF MEMBERSHIP	MONTHLY FEE	INITIATION FEE (1 X)	PRO RATE: Office only	TOTAL DUE AT SIGNING
	CENTER MEMBERSHIP: includes use of the gym, fitness & aquatics centers, plus reduced fees for classes and programs				
	<input type="checkbox"/> Couple/Family	\$95 per mo	\$145	\$	\$
	<input type="checkbox"/> Single Parent/Unmarried Single	\$65 per mo	\$145	\$	\$
REASON FOR JOINING	<input type="checkbox"/> Young Adult (18-30)	\$50 per mo	\$145	\$	\$
	<input type="checkbox"/> 3-month summer (college students only)	\$150 per 3 mos.	\$45	\$	\$
	SOCIAL MEMBERSHIP: includes adult social & cultural activities, reduced fees for classes and programs excludes use of gym, fitness & aquatics centers				
	<input type="checkbox"/> Couple	\$50 per mo	\$145	\$	\$
	<input type="checkbox"/> Single	\$40 per mo	\$145	\$	\$

ADULT MEMBER INFORMATION

PRIMARY MEMBER	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rabbi		Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Religious Affiliation: <input type="checkbox"/> Jewish <input type="checkbox"/> Non-Jewish	
	First Name		M.I.	Last Name		
	Street Address			City/State/Zip / /		
	Email Address				Date of Birth / /	
	Home Ph.		Cell Ph.		Business Ph.	
	Employer		Occupation		Does employer match charitable donations?	
Emergency Contact (Other than co-applicant):				Ph #		Relationship:

ADULT CO-APPLICANT	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rabbi		Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Religious Affiliation: <input type="checkbox"/> Jewish <input type="checkbox"/> Non-Jewish	
	First Name		M.I.	Last Name		
	Email Address				Date of Birth / /	
	Relationship		Cell Ph.		Business Ph.	
	Employer		Occupation		Does employer match charitable donations?	

DEPENDENT CHILDREN INFORMATION (Up to 26 years. Must be full time students.*)

Child's Name(s)	M/F	DoB	Grade	*School Name: proof of enrollment req'd.
		/ /		
		/ /		
		/ /		

PLEASE INDICATE AREAS OF INTEREST TO YOU AND / OR YOUR FAMILY

<input type="checkbox"/> Adult Social Programming <input type="checkbox"/> Aquatics <input type="checkbox"/> Swim team <input type="checkbox"/> Swim lessons <input type="checkbox"/> JCamps <input type="checkbox"/> Childcare <input type="checkbox"/> Children's programs <input type="checkbox"/> Club J <input type="checkbox"/> After school enrichment classes <input type="checkbox"/> Cultural Arts	<input type="checkbox"/> Early Childhood Center (0-6) <input type="checkbox"/> Fitness <input type="checkbox"/> Group classes <input type="checkbox"/> Personal training <input type="checkbox"/> Bootcamps <input type="checkbox"/> Pilates	<input type="checkbox"/> Pick-up games <input type="checkbox"/> basketball <input type="checkbox"/> soccer <input type="checkbox"/> volleyball	<input type="checkbox"/> Senior Programs <input type="checkbox"/> Singles Events <input type="checkbox"/> 40s <input type="checkbox"/> 50s <input type="checkbox"/> 60+ <input type="checkbox"/> Special Events/Fundraising <input type="checkbox"/> Teen/Tween programs <input type="checkbox"/> Volunteer
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ACKNOWLEDGEMENTS

Code of Conduct

The Merage JCC offers a friendly and comfortable environment for all. Inappropriate conduct and /or language will not be tolerated. The Merage JCC, through its President/CEO or designate, reserves the right to remove from the premises any individual acting in an inappropriate manner and further reserves the right to cancel the membership of any such person.

All members are required to show their badge upon entrance to the building.

Membership to the Merage JCC requires an initial 12-month contract. Members may only be let out of their annual contract without financial obligation for the following reasons:

1. Medical cancellation. A doctor's letter must accompany this request stating that the member cannot physically use our facility due to a medical problem.
2. Move outside of Orange County. Proof of the move must accompany the request.

I hereby make application for membership to the Merage JCC and agree to abide by its rules and regulations. I acknowledge that membership is based on an initial 12-month obligation. Membership is billed monthly and continues until notification of cancellation is received. To cancel your membership, a written or email notice to the Membership Director (membership@jccoc.org) must be submitted at least 30-days in advance and an online exit interview survey must be completed.

I understand that 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. Membership is required for preschool, swim team/swim lessons, and sports leagues.

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

The Merage JCC publishes an annual Membership Directory.

If you do not want your contact information listed in the directory, please initial here:_____.

PLEASE CHOOSE A MONTHLY PAYMENT METHOD:

1. 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 _____

2. I authorize the Merage JCC to charge monthly fees by Electronic Funds Transfer (EFT)

- 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 authorize my financial institution to charge my account on the 2nd of each month and pay the Merage JCC 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. This authority shall remain in full force and effect until I advise the Merage JCC to cancel. A record of charges may appear on my monthly bank statement. That statement will serve as a receipt. The Merage JCC is authorized to make adjustments to correct errors. 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.

A service fee of \$25 will be charged to your account if your check is returned or payment refused for any reason.

Name (please print) _____

Signature _____ Date _____