



YOU BELONG HERE

Merage Jewish Community Center of Orange County
 1 Federation Way, Suite 200, Irvine, CA 92603
 Phone 949-435-3400 • Fax 949-936-2801
 E-mail membership@jccoc.org • www.jccoc.org

Membership Application

Membership notes	Acct. # _____
Member name	_____
Join date	_____ Promotion _____
Rec'd by _____	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	\$133 per mo	\$145	\$	\$
	<input type="checkbox"/> Single	\$95 per mo	\$145	\$	\$
Reason for joining	<input type="checkbox"/> Young Adult (18-30)	\$74 per mo	\$145	\$	\$
	Social membership: includes adult social & cultural activities, reduced fees for classes and programs. For ages 62+. excludes use of gym, fitness & aquatics centers				
	<input type="checkbox"/> Couple	\$74 per mo	\$145	\$	\$
	<input type="checkbox"/> Single	\$59 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	Synagogue affiliation <input type="checkbox"/> Yes <input type="checkbox"/> No
	First name	M.I.	Last name
	Street address		City/State/Zip / /
	Email address		Date of birth / /
	Home phone	Cell phone	Business phone
	Employer	Occupation	Does employer match charitable donations?
Emergency contact (Other than co-applicant)			Phone 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	Synagogue affiliation <input type="checkbox"/> Yes <input type="checkbox"/> No
	First name	M.I.	Last name
	Email address		Date of birth / /
	Relationship	Cell phone	Business phone
	Employer	Occupation	Does employer match charitable donations?

Dependent children information (through age 25)

Child's name(s)	M/F	DoB	Grade	School name
		/ /		
		/ /		
		/ /		

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"/> Sports <input type="checkbox"/> JCC Maccabi Games® <input type="checkbox"/> Pick-up games	<input type="checkbox"/> Israel and Jewish programming <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 resides on the Samueli Jewish Campus and 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.

Smoking and weapons of any kind are prohibited on the Samueli Jewish Campus.

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 rejoin 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.

All disputes that may arise out of this relationship, including but not limited to whether based on tort, contract, statute, equitable law or otherwise, shall be submitted to binding arbitration.

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 is refused for any reason.

Name (please print) _____

Signature _____ **Date** _____