



# JOIN US

949.435.3400 • membership@jccoc.org

## Membership Application

<b>Membership notes</b>	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
Reason for joining	<b>Center membership:</b> includes use of the gym, fitness & aquatics centers, <b>plus reduced fees for classes and programs</b>				
	<input type="checkbox"/> Couple/Family	\$190 per mo	\$145	\$	\$
	<input type="checkbox"/> Single	\$135 per mo	\$145	\$	\$
	<input type="checkbox"/> Young Adult (18-30)	\$110 per mo	\$145	\$	\$
	<input type="checkbox"/> 2026 Graduate	\$66 per mo	\$0	\$	\$
	<b>Social membership:</b> includes adult social & cultural activities, reduced fees for classes and programs. For ages 62+. <b>excludes use of gym, fitness &amp; aquatics centers</b>				
	<input type="checkbox"/> Couple	\$95 per mo	\$145	\$	\$
<input type="checkbox"/> Single	\$75 per mo	\$145	\$	\$	

### Make a Greater Impact with Just \$25 More!

Would you like to **round up** your membership dues to help strengthen our community? For just **\$25 more per month**, you can support vital JCC programs, including *Youth & Family, Health & Wellness, Arts & Culture, Seniors and more*. Your additional contribution is **100% tax-deductible** and directly benefits those who rely on our services.

☐ **Yes!** I'd like to increase my membership contribution by \$25/month to support JCC programs and scholarships.

Thank you for your generosity and for being a valued part of our JCC family!

### ADULT MEMBER INFORMATION

Primary member	<b>Title</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rabbi		<b>Gender</b> <input type="checkbox"/> M <input type="checkbox"/> F		<b>Synagogue affiliation</b> <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	<b>Title</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rabbi		<b>Gender</b> <input type="checkbox"/> M <input type="checkbox"/> F		<b>Synagogue affiliation</b> <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
		/ /		
		/ /		
		/ /		

## Acknowledgements

I hereby make application for membership to the Merage JCC and agree to abide by its rules and regulations. I acknowledge that my membership requires an initial 12-month contract that continues monthly until I provide formal cancellation notice. I understand that I must provide written notice to membership@jccoc.org at least 30 days in advance if I wish to end my membership. \_\_\_\_\_ (initial)

I recognize that cancellation without financial obligation is permitted only under two specific circumstances. First, I may cancel due to medical reasons, which requires an official doctor's letter explicitly stating that I cannot physically use the facility because of a medical condition. Second, I can cancel if I move outside of Orange County, and I must provide proof of relocation. \_\_\_\_\_ (initial)

Regarding membership freezes, I understand that the Merage JCC offers medical freezes for up to 3 months. If I seek a freeze, I must submit official medical documentation directly to membership@jccoc.org. Freezes are only granted for medical reasons and require appropriate documentation. No freezes will be approved for non-medical reasons. \_\_\_\_\_ (initial)

I acknowledge that my membership is not transferable or refundable, and I participate in physical conditioning and recreational programs at my own risk. I understand that maintaining good financial standing is crucial for my current membership and my ability to rejoin the Merage JCC in the future. I am aware that membership is mandatory for participation in preschool, swim team, swim lessons, and sports leagues. \_\_\_\_\_ (initial)

Code of Conduct: The Merage JCC resides on the Samuels Jewish Campus and offers a friendly and comfortable environment for all. I understand that inappropriate conduct and/or language will not be tolerated. The Merage JCC, through its 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. I acknowledge that smoking and weapons of any kind are prohibited on the Samuels Jewish Campus. I agree to show my badge upon entrance to the building. \_\_\_\_\_ (initial)

I consent to the Merage JCC's right to use all pictures and videos taken of me for publicity purposes. I also understand that any disputes arising from my membership relationship, whether based on tort, contract, statute, or equitable law, will be submitted to binding arbitration. \_\_\_\_\_ (initial)

## 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 \_\_\_\_\_  
Billing address (City, State, Zip required) \_\_\_\_\_

### 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 1st 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 \_\_\_\_\_