



membership application

THE SIMON FAMILY JCC
5000 Corporate Woods Drive
Virginia Beach, VA 23462
757-321-2338 757-489-4427(fax)

- Family Family Corporate Couple/Sr. Couple Single Parent Young Adult (16-25)
- Adult (26-64) Senior Adult (65+) Individual Corporate Rabbi Silver Sneakers

member

Please Print Clearly

Mr. Mrs. Ms. Dr. Rabbi Marital Status M S D W

Name _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Email _____

Home Ph. _____ Birth Date / / Mo./Day/Yr. _____

Occupation _____

Company Name _____

Company Address _____

City _____ State _____ Zip _____

Work Phone () _____ Cell () _____

Religious Affiliation Jewish Non-Jewish

Synagogue/Church _____

Race Caucasian African American Hispanic Asian
 Other Not Disclosed

Please contact me with opportunities to volunteer!

Household Religious Affiliation Jewish Non-Jewish

children/dependents

Name	Gender	Birthdate	Email	School	Grade
		Mo./Day/Yr.			
1) _____	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	_____	_____	_____
2) _____	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	_____	_____	_____
3) _____	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	_____	_____	_____
4) _____	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	_____	_____	_____

Children/dependents must be 22 years old or younger unless special circumstances apply in accordance with IRS regulations. Proof of address may be required. Dependents over 14 years of age require a key FOB membership.

Emergency Contact Name _____ Relationship _____

Phone _____ Cell _____

HOW DID YOU HEAR ABOUT US?

Check all that apply.

- Virginian-Pilot Jewish News Member Referral
- JCC Web Site Outdoor Advertising Member's Name _____
- Direct Mail Radio _____
- FaceBook/Social Media Other _____ _____

PLEASE CHECK YOUR INTERESTS

Check all that apply.

- Adult Activities Empty Nester Singles/Young Adults
- Aquatics Group Exercise Sports Leagues
- Cultural Arts Interfaith Youth Sports Leagues
- Children & Family Activities Toddler Care Teens
- Dance Jewish Learning Tennis
- Day Camps Preschool Basketball
- Parent Education Senior Adult Activities Personal Training
- Yoga/Pilates Music Circuit Training
- Massage Mommy & Me Playgroups Other: _____
- Before/After School Care

FOR OFFICE PURPOSES ONLY DO NOT WRITE IN THIS AREA

- Temporary Cards Issued
- Amount Paid: Reg. Fee: \$ _____
Discount: \$ - _____
Annual/Mo. Pymt: \$ _____
TOTAL PAID: \$ _____
- Receipt Attached: # _____
- MBR # _____
- Database Input Initials: _____

_____ (*Initial*) In consideration of obtaining membership or being allowed to participate in the activities and programs of The Marilyn and Marvin Simon Family Jewish Community Center “The Simon JCC” and to use its facilities, equipment, and machinery in addition to the payment of any fees or charges, I do hereby waive, release and forever discharge The Simon JCC and UJFT Community Campus, L.L.C. and their officers, directors, agents, employees, insurers, representatives, and tenants, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of The Simon JCC.

_____ (*Initial*) I understand and I am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and assume and accept any and all risks of injury or death.

_____ (*Initial*) I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of The Simon JCC or use of equipment or machinery except as hereafter stated. I do hereby acknowledge that I have been informed of the need for a physician’s approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have given my physician’s permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

_____ (*Initial*) I give my permission and consent to allow my family to be photographed, which can be used on The Simon JCC’s website and in other promotional materials, publications and news stories.

_____ (*Initial*) I understand that a search of the United States Department of Justice National Sex Offender Public Website will be conducted for all applicants, and membership may be denied based upon this search.

Membership Agreement

The Marilyn and Marvin Simon Family Jewish Community Center membership is a continuous membership plan. I understand that membership dues are non-refundable. Membership cards are the property of The Simon JCC and must be surrendered upon demand. I further understand that my/our membership is a twelve month agreement and terminates on the last day of such twelve-month period. I further understand that my membership will automatically renew at the end of the twelve month period unless I provide written notice of my intent not to renew at least 30 days prior to the date of expiration. Failure to pay in accordance with the terms of the contract will constitute a breach of contract. Penalties for breach of contract shall include but not be limited to any unpaid balance, incidental costs, interest from the date of breach, and reasonable attorney’s fees if applicable. All membership rates are subject to change with 30-days written notice. I understand that it is my responsibility to notify The Simon JCC of any changes in address, bank account information (if utilizing bank draft for payment of dues) or credit card information/expiration date (if utilizing credit card for payment of dues). The joining fee is a one-time fee as long as I remain an active member of The Simon JCC.

I, the undersigned, hereby make application for membership in The Marilyn and Marvin Simon Family Jewish Community Center. I agree to abide by its rules and bylaws.

Signature _____

Date _____

ELECTRONIC FUNDS (EFT) OR CREDIT CARD AUTHORIZATION

I, _____, hereby authorize my bank to honor preauthorized Electronic Funds Transfer or my credit card institution to charge my credit card for funds drawn by The Marilyn and Marvin Simon Family Jewish Community Center on my account for membership, programs, or contribution payments as indicted below. Such transfer shall constitute notice of payment due and is my receipt for the payment. Should any preauthorized EFT or credit card charge not be honored when charged, then I must make the payment in the amount of said payment plus service charges. It is further understood that if such payment is not honored by the bank or credit card institution, then The Simon JCC, at its discretion, may resubmit the amount due for payment on a future date. I understand that this authorization will be in effect until I notify The Simon JCC, in writing, that I no longer desire this service - allowing The Simon JCC thirty (30) days to act on my notification. I also understand that if corrections to the amount are necessary, it may involve an automatic adjustment (credit or debit) to my account.

I want the EFT option for monthly payment direct from my:

Checking () Savings () Amount: \$ _____ for twelve (12) months

Depository: _____

Name of Bank

City

State

Account Holder Name: _____

Banking Transit/ ABA #: _____ Acct #: _____
(always 9 numbers)

Signature _____ Date _____

Attach voided check here

I choose the automatic charge Credit Card option for monthly payment from my:

() VISA () MasterCard () Discover Amount: \$ _____ for twelve (12) months

Cardholders Name: _____

Account number: _____

Expiration Date: _____ VIN#: _____

3 Digits on back on card

Signature _____ Date _____

OPTIONAL LOCKER PACKAGE

(Includes Laundry Services and Lock)

- Yes, I want the Complete Locker Package (includes laundry service and lock) for \$250 per year or \$20.85 per month.
- Yes, I want the Locker Only Package (does not include laundry service) for \$150.00 per year or \$12.50 per month.

For JCC CSA Use Only:

Locker Payment \$ _____

Locker # assigned: _____