



# APPLICATION FOR MEMBERSHIP

## JEWISH COMMUNITY CENTER OF LOUISVILLE

3600 Dutchman's Lane • Louisville, KY • 40205 • Tel (502) 459 -0660 • Fax (502)459-6885

*Office Use Only:*  
Date: \_\_\_\_\_  
Mtype: \_\_\_\_\_  
\$ \_\_\_\_\_  
D\$ \_\_\_\_\_ + \$ \_\_\_\_\_  
Promo: \_\_\_\_\_  
SP: Kathleen Horn

### Primary Applicant – Please Print

Dr.    Mr.    Mrs.    Ms.    Mx.   Preferred Pronouns (optional) : \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  Check if Same as Billing

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship Status:    Married    Single    Domestic Partnership   Other: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

Religion (optional): \_\_\_\_\_ Synagogue Affiliation (if applicable) : \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Co-Applicant – Please Print

Dr.    Mr.    Mrs.    Ms.    Mx.   Preferred Pronouns (optional) : \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship to Primary Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

Religion (optional): \_\_\_\_\_ Synagogue Affiliation (if applicable) : \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Additional Members in Household on the Membership (Family and Single Parent Memberships Only)

Name (Last name if different from Applicant)	Date of Birth	Gender	Relationship	Preferred Pronouns (optional)	Religion (optional)
_____	_____	M / F / NB	_____	_____	_____
_____	_____	M / F / NB	_____	_____	_____
_____	_____	M / F / NB	_____	_____	_____
_____	_____	M / F / NB	_____	_____	_____
_____	_____	M / F / NB	_____	_____	_____

### Other Information

**How did you hear about the JCC?**    Internet    Current/Past Member    Direct Mail    Newspaper

Drove By    Email    Radio    Corp. Referral    Television    Promotion    Other JCC Programming

**Have you been a Member of this JCC Before?** Yes / No   Referred By a Current Member: \_\_\_\_\_

## Membership Options

All memberships are based on household and include a 12- month commitment

Under 30 Membership (Age 18 -29)			Adult Membership (Age 30 – 64)			Senior Membership (Age 65+)		
<input type="checkbox"/> One-Time Enrollment Fee	\$100		<input type="checkbox"/> One-Time Enrollment Fee	\$100		<input type="checkbox"/> One-Time Enrollment Fee	\$100	
<input type="checkbox"/> Individual	\$55 per month		<input type="checkbox"/> Individual	\$65 per month		<input type="checkbox"/> Individual	\$55 per month	
<input type="checkbox"/> Two Adult	\$72 per month		<input type="checkbox"/> Two Adult	\$82 per month		<input type="checkbox"/> Two Adult	\$72 per month	
<input type="checkbox"/> Single Parent	\$73 per month		<input type="checkbox"/> Single Parent	\$83 per month				
<input type="checkbox"/> Family*	\$83 per month		<input type="checkbox"/> Family*	\$93 per month				

### Specialty Options

Donor Membership ( <i>ask for details</i> )	*Additional Household Members	I want to donate to The J Scholarship Fund
<input type="checkbox"/> Family – Gold     \$2200 per year	<input type="checkbox"/> Extra Adult     \$10 per adult per month	<input type="checkbox"/> \$18 <input type="checkbox"/> \$36 <input type="checkbox"/> \$50 <input type="checkbox"/> \$_____
<input type="checkbox"/> Family Silver     \$1600 per year	<i>(Can only be applied to Family Memberships)</i>	<input type="checkbox"/> One time <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly

### Membership Rules and Regulations

In order for everyone to derive full enjoyment from The J, the following rules and regulations have been established. Any violation of The J rules and regulations may result in loss of privileges and/or termination of membership.

- The membership card issued to you is your official The J identification. It is nontransferable and must be carried with you at all times. You must use your membership card to check-in at the Welcome Desk and at the Health and Wellness Desk every time you enter the facility. **If you do not have your membership card, you will be asked to show a valid photo ID.** Your membership card must be shown for identification upon request of any The J staff member. Lost or stolen cards must be reported immediately to The J membership office. A Replacement card will be issued. The card holder is entitled to guest privileges in any other Jewish Community Center, YM or YWHA affiliated with the JCC Association. The privileges are subject to the rules and regulations of the participating Center.
- By providing your e-mail address, you are automatically subscribed to The J e- News and JCL Community Update. It is understood that The J and Jewish Community of Louisville (JCL) may send you periodic information on programs and events via e-mail. The J will keep your e-mail address private and not sell or share it with any outside vendor.
- All membership rates are subject to change with 15 days written notice.
- The J may videotape or photograph participants enrolled in programs, classes, and/or while enjoying The J facilities. These photographs are for The J publications, flyers, publicity efforts, brochures, web use, other electronic communications or video usage. All photos and videos are for The J use and become the sole property of The J.
- In consideration of being permitted to utilize The J, the user for itself, user's family members, next of kin, employees, agents, representatives, heirs and assignees (referred to as User or User's) does hereby release, wave and discharge The J, its directors, officers, employees and agents from all liability, including bodily injury, death, loss or damage, from any claim or demands whether caused by the negligence of the User's or otherwise while the Users are in, upon or about the premises including use of any facilities or equipment therein. Further, the User's agree to indemnify, defend, save and hold harmless The J from any loss, liability, damage or cost they may incur at or away from The J, including but not limited to use of equipment or facilities, regardless of whether such harm is caused by the sole or partial fault of the User's.
- If a member's use of The J is of considerable risk to their health or safety, or to the health or safety of other J members, a health care professional medical release form may be required by JCL senior management of the individual to continue to utilize The J and its services. Failure to provide said medical release form could result in the suspension or cancellation of Jmembership.

### Cancellation Policy

- Membership to The J is based on a twelve (12) month commitment calculated from the date of enrollment. After 12 months, you will be automatically renewed indefinitely until a membership cancellation form has been received. Members must provide the membership office 30 days written notice of cancellation.
- New members have 30 days from the date of enrollment to cancel their membership without penalty. Refunds for these cancellations will be processed minus any applicable pro-rated fees. After the initial 30-day period, a \$150 cancellation fee will be charged if you cancel your membership within the first 12 months from the date of enrollment.
- **Exceptions:** A member may cancel their membership within the first twelve (12) months of enrollment without penalty for the following reasons:
  - If upon a doctor's order, due to a medical condition, you can no longer participate in services offered at the Center.
  - If you move more than twenty-five (25) miles from your current residence or fifty (50) miles from the Center, whichever is greater.
  - In the event of death, the member's estate shall be relieved of any further obligation for payment.

The Center may require reasonable evidence for any of the reasons for cancellation.

The J will issue **NO REFUNDS** for membership fees. Cancelling at any time before the end of the contract for any reason other than those stated above will result in a \$150 Fee

### Payment Authorization

- I do hereby make formal application for membership at the Jewish Community Center of Louisville. The term of this membership is 12 months payable by electronic fund transfer (EFT/Credit Card) and is subject to the rules and regulations as stated in The J Membership Agreement I hereby authorize the Jewish Community Center to initiate an EFT/Credit Card from my below mentioned account. I understand the Center will give me a minimum of 15 days written notice if the monthly charge amount should change. It is my responsibility to maintain sufficient funds in the above account to cover the debit or fees from my financial institution may be applicable. **I understand that this authorization will remain in effect until a membership cancellation form has been received. I understand that I must provide 30 days written notice of cancellation in the event I no longer wish to maintain my membership. I also understand that this agreement will renew automatically for succeeding terms unless a cancellation form is received by the membership office.** I agree to abide by the rules and by-laws of the Center and acknowledge to the best of my ability that all information on the membership application is correct and that my membership is not transferable. It is assumed that if the front of this document is completed and the document is unsigned, the applicant is agreeing to the Membership Agreement and is authorizing the EFT/Credit Card option. It is also assumed that the co-applicant and sub-members are also agreeing to the membership agreement by proxy of the applicant's signature.
- I/We do here by attest that I/We have read and fully understand the rules and regulations, Cancellation Policy, and Code of Conduct to The J and acknowledge to the best of my/our ability that all information on this membership application is correct and that my/our membership is not transferrable**

X \_\_\_\_\_ Date: \_\_\_\_\_

**Checking Account**

Financial Institution: \_\_\_\_\_  
 Routing Number: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 Name on Account: \_\_\_\_\_

**Debit / Credit Card (  Visa  MasterCard  Discover  AMEX )**

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_  
 Name on Card: \_\_\_\_\_