

Please print clearly.

## Adult Member 1

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender  M  F      Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_      Marital Status  Married  Single

Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_      Cell Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Title \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Phone Number (\_\_\_\_) \_\_\_\_\_

## Adult Member 2

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender  M  F      Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_      Cell Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Title \_\_\_\_\_

## Additional Adult(s)

First Name	Last Name (if different from family name)	Relationship	Gender	Birthdate
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Child(ren)

First Name	Last Name (if different from family name)	Gender	Birthdate	Grade	School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

How did you hear about the SJCC? Please check all that apply.

- friend  SJCC web site  other web site  internet search  newspaper/magazine  other

Did an SJCC member refer you to us?  no  yes; name \_\_\_\_\_

Please check your reason(s) for joining the SJCC. Please check all that apply.

- Pool       Shalom Baby Gift Basket       Early Childhood Education       Kidstown  
 Fitness Center       Group Fitness Classes       Summer Camp       Racquetball  
 Adult Sports Leagues       Youth Sports Leagues       Cultural Arts  
 Swimming Lessons       Jewish Programs       Senior Activities       Other \_\_\_\_\_

The Strom Jewish Community Center has a policy and procedure of non-discrimination as it applies to hiring, membership, and provision of services in regard to race, color, sex, marital status, sexual orientation, political ideology, age, creed, religion, ancestry, national origin, or the presence of any sensory, mental, or physical handicap, or any protected characteristic.

## Membership

	Monthly Fee	Joining Fee	
<input type="checkbox"/> Family (with children living at home)	\$110 per month	+ \$150	_____
<input type="checkbox"/> Dual Adult Household (ages up to 65)	\$90 per month	+ \$99	_____
<input type="checkbox"/> Single Adult (ages 36-64)	\$70 per month	+ \$49	_____
<input type="checkbox"/> Senior Couple (both ages 65+)	\$72 per month	+ \$99	_____
<input type="checkbox"/> Single Senior (age 65+)	\$36 per month	+ \$49	_____
<input type="checkbox"/> Young Adult (ages 31-35)	\$52 per month	+ \$49	_____
<input type="checkbox"/> Young Adult (ages 26-30)	\$38 per month	+ \$49	_____
<input type="checkbox"/> Young Adult (ages 13-25)	\$30 per month	+ \$49	_____
<input type="checkbox"/> Cultural Arts (yearly)	\$180 per year	-	_____

(does not include fitness or member prices on camp, Kidstown, or any classes)

## Additional Options

- Additional Adult(s) (age 25+; family membership only) \$15 per person per month  
Name(s) \_\_\_\_\_
- Adult Locker Room (age 13+) \$15 per person per month  
Name(s) \_\_\_\_\_

**Total** \_\_\_\_\_

## Payment

- Electronic Fund Transfer (please attach a voided check)      OR       Credit Card
- monthly       monthly       annually
- Bank Name \_\_\_\_\_       MasterCard       Visa
- Account Number \_\_\_\_\_      Account Number \_\_\_\_\_
- Routing Number \_\_\_\_\_      Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_
- Cardholder Name \_\_\_\_\_

## Please check each box to signify you have read and understand the following:

- Stroum Jewish Community Center membership is a 12 month commitment and is non-refundable. Following 12 months, membership will be automatically renewed month-to-month, unless I/we provide 30 days written notice of cancellation.
- Electronic Funds Transfers (EFT): I/we hereby authorize and request the SJCC to initiate debit entries to my checking or savings account. I understand that funds will be withdrawn on a monthly basis on either the 5th or the 20th of each month and will appear as "EFT Gifts" on my bank statement. I/we authorize and request my/our bank to accept any debit entries initiated by the SJCC and to debit the same to my/our account without liability for the correctness of the entries. All changes in my/our automatic withdrawals must be submitted to the SJCC in writing at least 30 days in advance of the next scheduled withdrawal date. Notification to the SJCC shall be effective upon receipt.
- A one time joining fee is required at joining. Members who cancel and subsequently rejoin will be subject to an additional initiation fee.
- Membership ID cards must be used to access the facility and are non-transferable. There is a \$10 charge to replace lost or stolen cards.
- The SJCC has the right to suspend or revoke membership privileges at any time for any reason, whether you violate the member agreement or not.
- Neither the SJCC, nor its officers or employees shall be held liable for any injury to persons or damage to property which might be sustained by members, guests or other persons on Center premises. All persons, whether members or not, using any Center facility, assume all risks incident to such use.
- Membership and program balances 30 days overdue will be subject to a 1% finance charge per month on outstanding balances. All checks, bankcards/debits and EFT's returned for insufficient funds will be subject to \$25 fee.
- Annual payment option will debit the total yearly balance from your account for the first year and then monthly for the second and all subsequent years, unless you specify otherwise in writing.
- My signature below gives my permission for the SJCC to use photographs taken of me at the facilities or engaged in any SJCC program.

I/we, the undersigned, hereby make application for membership in the Samuel and Althea Stroum Jewish Community Center of Greater Seattle. I/we agree to abide by all Center rules and policies.

I/we understand that fees are payable in full upon application, unless other arrangements are made. I/we understand that membership dues are subject to change each year and that I/we assume the financial responsibility of the membership dues. If this agreement is placed with an attorney for collection, I/we agree to pay all lawful costs of collection including a reasonable attorney fee.

Signature \_\_\_\_\_ Date \_\_\_\_\_

for office use only

intake \_\_\_\_\_ a/p \_\_\_\_\_ effective date \_\_\_\_/\_\_\_\_/\_\_\_\_ promotion \_\_\_\_\_ new \_\_\_\_\_ renew \_\_\_\_\_ change \_\_\_\_\_ return \_\_\_\_\_