



NAME _____

STREET ADDRESS _____

CITY _____ / STATE _____ / ZIP _____

HOME PHONE _____ / WORK PHONE _____

CELL PHONE _____ / DATE OF BIRTH _____

EMAIL _____

EMPLOYER NAME _____

NATIONALITY Israeli Russian American Other _____

GENDER Female Male

RELIGION Jewish Other Synagogue Member? Yes No Yes? Name _____

HOW DID YOU LEARN ABOUT THE BENDER JCC?

Web Center Scene Friend _____ Ad Guest Pass

Other: _____ Referred by _____

PRIMARY REASON FOR JOINING _____

Second adult in the household, if applicable.

NAME _____

WORK PHONE _____ / CELL PHONE _____

EMAIL _____

EMPLOYER NAME _____

GENDER Female Male RELIGION Jewish Other

DATE OF BIRTH ____/____/____

EMERGENCY CONTACT: (Other than 2 adults listed)

NAME _____ RELATIONSHIP _____

CELL PHONE _____

Children in household:

NAME (First, Middle Initial, Last) _____

DATE OF BIRTH ____/____/____

GENDER Female Male

SCHOOL _____

GRADE _____

NAME (First, Middle Initial, Last) _____

DATE OF BIRTH ____/____/____

GENDER Female Male

SCHOOL _____

GRADE _____

NAME (First, Middle Initial, Last) _____

DATE OF BIRTH ____/____/____

GENDER Female Male

SCHOOL _____

GRADE _____

NAME (First, Middle Initial, Last) _____

DATE OF BIRTH ____/____/____

GENDER Female Male

SCHOOL _____

GRADE _____

Office Use Only

ACCOUNT # _____

RECEIVED BY ENTERED BY _____

_____/_____/_____
DATE ENTERED

Bender JCC

6125 Montrose Road

Rockville, MD 20852

301.881.0100 | benderjccgw.org

1 PICK YOUR MEMBERSHIP

MEMBERSHIP OPTIONS:

Health & Fitness Access: Yes No

Number of Adults Joining: _____

Number of Children Joining: _____

Special Considerations (check any applicable):

Student (high school, college, grad) _____

Under age 30 (Young Professional) _____

65 or older (Senior) _____

Jewish agency or Israeli Embassy employee _____

Active Duty Military _____

Group Affiliate _____

2 JUMP START YOUR FITNESS

Your membership includes a complimentary orientation with a trainer. Sign up for three additional Jump Start sessions at a significant discount- 3 half hours for \$99 or 3 hours for \$149.

Get me started! _____

No Thank You. _____

3 CALCULATE TOTAL

MEMBERSHIP TYPE _____

Your Standard Membership Dues:

\$ _____ Monthly/Annual

Paying Today:

Initiation Fee: _____

Processing Fee: _____

1st Month's Membership Dues: _____

Jump Start Package: _____

Total paying today: _____

4 PAYMENT METHOD

One Time Payment: _____

Monthly Payment: _____

Payment Type:

Checking Account (attach a voided check)

Credit Card:

Visa MC Amex Discover

Name on Card _____

Number _____

Exp Date _____

5 AUTHORIZATION FOR MONTHLY BILLING

I authorize the Bender JCC of Greater Washington to charge my checking account or credit card for membership dues each month until I instruct otherwise. If the membership rate changes, the monthly fee will change accordingly. I understand that for ongoing membership, a 30 day written notice prior to the next billing period is required to cancel my membership. Membership dues are non-refundable once charged.

Print Name _____

Signature _____ Date _____

ACKNOWLEDGEMENT OF POLICIES

Please Initial each:

_____ I agree to the policies as stated in the Member Handbook on benderjccgw.org.

_____ I understand that for ongoing memberships, a 30 day written notice prior to the next billing period is required to cancel my membership. (Written notice can be emailed to membership@benderjccgw.org.)

_____ I understand membership dues are non-refundable.

_____ I understand memberships are non-transferable.

_____ I understand that all membership changes, including upgrades, downgrades and freeze requests must be submitted in writing and may take 2 business days to process.

_____ Membership changes and freezes are subject to a processing fee.

_____ Membership rates are subject to change.

PHOTO WAIVER

From time to time, as authorized by the JCC, photographs, audio/video recordings are taken for possible use in JCC print or electronic publications or by the media. No compensation is provided to individuals who appear in the photographs or videos. If you do not wish for your (or your child's) image to appear in our publications or news stories about the Bender JCC, please let the staff member know at the time of recording and email marketing@benderjccgw.org.

LIABILITY RELEASE

The undersigned make formal application to the Bender JCC of Greater Washington, commencing as of this date. I/we agree to abide by the rules and regulations of the Center. I am authorized, on behalf of all adult members covered by this membership, to represent that I/we will use the Bender JCC at my/our own risk and hereby, for myself, the other adult member(s), my minor children and legal wards, my heirs, executors and administrators waive any and all rights and claims of any kind that I or they may have against the Bender JCC as well as with employees, invitees, and agents of the aforesaid for any and all damages, and injuries, whatsoever, which I/we may suffer in or incur in connection with my/our attendance, participation, or membership in the Bender JCC or in connection with my/our use of the facilities or programs of the Bender JCC. This agreement does not apply to the participation of children in preschool and camp.

Print Name _____

Signature _____

Date _____