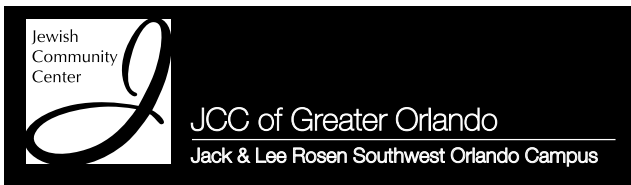


Membership Number

Date

Application for Charter Membership



Be a part of history and become a Charter Member of the JCC of Greater Orlando's Jack & Lee Rosen Southwest Orlando Campus! Your name will become part of a permanent display in the new building.

Your membership dues will not be withdrawn until the center opens; however, the joiner's fee must be submitted with your application.

Barcode number:	Primary Member		Title	First Name	MI	Last Name	Nickname
	Date of Birth	Gender	Marital Status		E-mail Address		
	Home Mailing Address						
	City	Zip	Home Phone		Cell Phone		
	Name of Employer				Title/Occupation		
	Work Address		City	Zip	Phone		
	Emergency Contact Person		Emergency Contact Relationship		Emergency Contact Phone		
	Ethnicity		Religion		Congregation		
	Household Income <input type="checkbox"/> <\$24,999 <input type="checkbox"/> \$25,000-34,999 <input type="checkbox"/> \$35,000-49,999 <input type="checkbox"/> \$50,000-74,999 <input type="checkbox"/> \$75,000-99,999 <input type="checkbox"/> \$100,000-199,999 <input type="checkbox"/> >\$200,000						
	How did you hear about us?				Referred By:		

Barcode number:	Secondary Member		Title	First Name	MI	Last Name
	Date of Birth	Gender	Cell Phone		E-mail Address	
	Name of Employer				Title/Occupation	
	Work Address		City	Zip	Phone	
	Ethnicity		Religion		Congregation	

Dependents	First Name	MI	Last (if different)	Birth Date	Gender	School

Mikol HaLev "From the Heart"	It is our goal that no one be turned away from JCC programs due to financial hardship.					
	<input type="checkbox"/> Yes, I would like to help those less fortunate by contributing to the JCC Scholarship Fund.					
	Each month, please add to my EFT:		<input type="checkbox"/> \$45 Ahava "Love" Honor Roll		<input type="checkbox"/> \$15 Tikvah "Hope" Honor Roll	
			<input type="checkbox"/> \$30 Mitzvah "Good Deed" Honor Roll		<input type="checkbox"/> \$10 Simcha "Joy" Honor Roll	
This donation will be added to my monthly bank draft.				Donor's Signature		

Please rank how likely you are to participate in each of the following programs.

Write a number in each box. (3=LIKELY; 2=MAYBE; 1=UNLIKELY)

Preschool
 Mommy & Me Classes
 After School Care
 Summer Camp
 Family Activities
 Cultural Arts
 Jewish Programs
 Young Adults
 Networking
 Adult Classes & Programs
 Couples Events
 Seniors
 Sports Leagues
 Fitness Center
 Group Exercise

Are you interested in volunteering for the JCC? Yes, I would like to help with: _____.

Membership Categories Please select one.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Family (2 parents with dependents under 18)
<i>\$73/month + \$150 joiner's fee</i> | <input type="checkbox"/> Adult (Ages 18+)
<i>\$45/month + \$150 joiner's fee</i> | <input type="checkbox"/> Social Adult (Age 55+)
Does not include fitness center.
<i>\$16/month + \$45 joiner's fee</i> | <input type="checkbox"/> Student (Ages 14-25)
Must be full-time. ID required.
<i>\$21/month + \$50 joiner's fee</i> |
| <input type="checkbox"/> Single Parent (1-parent with dependents under 18)
<i>\$49/month + \$150 joiner's fee</i> | <input type="checkbox"/> Adult Couple (Ages 18+)
<i>\$62/month + \$150 joiner's fee</i> | <input type="checkbox"/> Social Couple (Both ages 55+)
Does not include fitness center.
<i>\$29/month + \$90 joiner's fee</i> | |

Waiver

I wish to participate and/or give my children permission to participate in Jewish Community Center of Greater Orlando, Inc. ("JCC") activities. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for the JCC allowing me to participate in JCC activities, I understand and expressly acknowledge that I release the JCC and its staff members from all liability for any injury, loss, or damage connected in any way whatsoever to my (or my children's) participation in JCC activities, whether on or off JCC's premises. I authorize JCC staff to act on their best judgment in the event of an emergency; including transporting myself or my child(ren) to the hospital and authorizing treatment by a physician. I understand that this release includes any claims based on the negligence, action, or inaction of the JCC, its employees, independent contractors, directors, members and guests. I have read and am voluntarily signing this authorization and release. I understand that the JCC is not responsible for personal property lost or stolen while members and/or program participants are using JCC facilities or are on JCC premises, including all lost or stolen property caused by the negligence of the JCC, its employees, independent contractors, directors, members and guests. I give my permission to the JCC to use, without limitation and obligation, photographs, film footage, or tape recordings which may include my (or my family's) image or voice for purposes of promoting or interpreting JCC programs. All membership rates are subject to change with 30 days written notice. I understand it is my responsibility to notify the JCC of any change of address or EFT (Electronic Funds Transfer) account information **within 30 business days** of that change.

Acceptance

I acknowledge the waiver set forth above and hereby enroll in membership with the Jewish Community Center of Greater Orlando, Inc.

Signature of Participant	Signature of Participant	Date	Signature of Parent/Guardian <i>(required if participant is 17 years or younger)</i>	Date
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Electronic Funds Transfer (EFT) Authorization

Withdrawals will begin when the JCC's Rosen Campus opens for business (anticipated date: August 1, 2009).

Initial Bank drafts are continuous every month regardless of use of the facilities. Cancellations or changes to your account must be submitted in person at least 30 days prior to the next electronic bank draft date. Failure to do so will result in that month's EFT being non-refundable. Cancellations via fax, phone, mail, or email are not accepted.

Initial A minimum fee of \$25 will be assessed for any returned checks or electronic bank drafts. This is in addition to any fees your bank may charge you. If an electronic draft is returned twice in a six-month period, this may result in automatic cancellation of membership. In order to reinstate your membership, outstanding balances must be paid in full, and an alternate method of payment must be provided.

Initial I authorize my bank to honor EFT's drawn by the Jewish Community Center of Greater Orlando for membership dues and/or contributions.

Bank Name	Transit/Routing Number	Account Number	Name(s) on Bank Account
Monthly Membership Amount \$	Signature	Date	

Membership dues and similar payments are not deductible as charitable contributions.



Your membership application must include a **voided check**, as well as a check made out to the JCC of Greater Orlando in the amount of your **joiner's fee**.

Remember that your EFT will not begin until the center opens.