

# Membership Application

## APPLICANT 1

MEMBER# \_\_\_\_\_

EXP DATE \_\_\_\_\_

Mr.  Mrs.  Ms.  Dr.  Rabbi  Cantor

Marital Status  Married  Single  Widowed

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

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

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Jewish  Non-Jewish  Interfaith Synagogue (if applicable) \_\_\_\_\_  Asian  Black/African American

Hispanic/Latino  American Indian/Alaskan Native  Native Hawaiian/Pacific Islander  White  Other \_\_\_\_\_

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

## APPLICANT 2 (Spouse or Co-Applicant)

Mr.  Mrs.  Ms.  Dr.  Rabbi  Cantor

Marital Status  Married  Single

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

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

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Jewish  Non-Jewish  Interfaith Synagogue (if applicable) \_\_\_\_\_  Asian  Black/African American

Hispanic/Latino  American Indian/Alaskan Native  Native Hawaiian/Pacific Islander  White  Other \_\_\_\_\_

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

## CHILDREN (Ages 24 and younger)

For teen memberships, please fill out applicant portion.

Name	Sex	Date of Birth	E-Mail
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____

## AREAS OF INTEREST

- Early Childhood  School-Age Programming  JCCNV Camps
- Family Programs  Teen Programming  Israel Programming
- Judaic Programming  Cultural Arts  Fitness/Recreation
- Adult Programming  Special Needs  Other \_\_\_\_\_

## I/WE HEARD ABOUT THE JCCNV THROUGH

- Live nearby / drive by  Non Member Usage
- JCCNV Website  JCCNV Member
- Mailer / Advertisement  Name \_\_\_\_\_
- I/We were JCC Members  Realtor
- Where? \_\_\_\_\_  Name / agency \_\_\_\_\_
- When? \_\_\_\_\_  Other \_\_\_\_\_



**Jewish Community Center of Northern Virginia**

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**OVER**  
for payment information

Partner Agency of  
**The Jewish Federation**  
OF GREATER WASHINGTON



**STEP 1: SELECT MEMBERSHIP TYPE** Rates effective 6/1/18–5/31/19

Category	Registration Fee	Discounted Annual	Month-To-Month
<input type="checkbox"/> Family	\$75	\$1,088	\$94
<input type="checkbox"/> Membership for 2	\$75	\$927	\$80
<input type="checkbox"/> Young Adult Individual (18-35)	\$50	\$556	\$49
<input type="checkbox"/> Adult Individual (36-64)	\$50	\$667	\$58
<input type="checkbox"/> Senior Individual (65+)	\$50	\$519	\$46
<input type="checkbox"/> Senior Couple	\$75	\$754	\$66
<input type="checkbox"/> Teen		\$180	
<input type="checkbox"/> Au-pair**		\$180	-
<input type="checkbox"/> J Friend*		\$36	-
<input type="checkbox"/> Kehilla Family/Couple (18-35)*		\$260	-
<input type="checkbox"/> Kehilla Individual (18-35)*		\$200	-
<input type="checkbox"/> Silver Sneakers/Prime*			
<input type="checkbox"/> Silver Sneakers Upgrade*		\$175	\$18

**STEP 2: CHOOSE PAYMENT METHOD (select one)**

**Note: Registration fee will be added to the first payment**

Annual Payment \$ \_\_\_\_\_ per year



Monthly Payment \$ \_\_\_\_\_ per month  
(Billed on the 14th of each month)

**HELP SOMEONE IN NEED** (Your tax deductible donation will go toward financial assistance for other community members.)

Round my membership up to the nearest \$10

Please add \$ \_\_\_\_\_ as my contribution

(\$100 of membership dues is tax deductible from the top 6 membership categories.)

\*Restrictions apply. \*\*Host family must be current JCCNV members.

**STEP 3: PAYMENT TYPE (SELECT ONE)**

Check (for Annual payment)    Electronic Funds Transfer (EFT): **Please attach voided check and 1st month's payment**

Credit Card:    VISA    MasterCard    American Express

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ Security code \_\_\_\_\_

I authorize the Jewish Community Center of Northern Virginia (JCCNV) to debit my checking account or charge my credit card the monthly payment fee each month until I instruct otherwise. If the membership rate changes, the monthly rate will change accordingly. I understand that JCCNV Membership is ongoing until notified in writing at least 30 days prior to the next billing period. I will not be entitled to a refund of membership fees paid. Signature \_\_\_\_\_ Date \_\_\_\_\_

**STEP 4: ACCEPTANCE OF TERMS AND SIGNATURE**

- Membership dues paid monthly must be made with either a credit card or an electronic funds transfer (EFT) from a bank account.
- Should a member choose to withdraw for any reason, a notice of cancellation must be submitted either in writing or via email to the Membership Department at least one calendar month in advance of withdrawal.
- Membership fees are not prorated, non-refundable, non-transferrable, and no refunds are granted for non-use of the facility.
- The registration fee must be paid if membership lapses for more than 90 days.
- Memberships may be temporarily placed on hold if you know in advance that you will not be frequenting the Center. Written or emailed requests for placing your membership on hold must be sent to and acknowledged by the Membership Department prior to the requested start date. Memberships for those who pay annually will be extended by the duration of the hold. Those who pay month-to-month must pay a \$6 hold fee each month in lieu of their standard dues.
- The JCCNV reserves the right to photograph and/or videotape activities for use in publicity and promotional materials. Please notify the JCCNV in writing if you do not want photos of yourself or your family members to be used. Send in a recent photo so that we can be sure that you and/or your family members are not included in these materials.
- I/We agree to abide by the rules and regulations of the JCCNV. I/We am authorized, on behalf of all adult members covered by this membership, to represent that I/we will use the JCCNV 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 JCCNV as well as with employees, invitees, and agents of the aforesaid of 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 JCCNV or in connection with my/our use of the facilities or programs of the JCCNV. This agreement does not apply to the participation of children in the Early Childhood Learning Center, BASE, and camp.
- When joining the Early Childhood Learning Center, a one-year obligation of a family membership is required. Membership must remain current while the child/children is/are enrolled in the program.
- To receive the discounted member rate for the Before- and After-School Enrichment Program or summer camps, a one-year obligation of a family membership is required. Membership must remain current throughout the duration of the program.
- All children under the age of 11 must be accompanied by an adult while in the Center. Children 11–13 are required to take the Youth Fitness-Room Training in order to use the fitness center.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Guardian Signature (If under 18 years of age): \_\_\_\_\_ Date \_\_\_\_\_