

Membership Application

Membership Terms and Conditions

- Membership dues are paid monthly by credit/debit card or electronic funds transfer (EFT).
- Cancellation requires a 30 day written notice prior to the 1st of the month, during which fees will apply.
- Fees are non-refundable, non-transferrable, and no refunds are granted for non-use of the facility.
- Memberships may be temporarily placed on hold, for up to 6 months. A hold fee of \$10 per month will be assessed. If a cardholder knows in advance that they will not be frequenting the J, written requests for placing the account on hold must be sent to, and acknowledged by, the Membership Department 30 days prior to the requested start date of the hold. Memberships for those who pay annually will be extended by the duration of the hold and the hold fee can be paid at the time the membership is placed on hold. Those who pay month-to-month will pay a \$10 hold fee each month in lieu of their standard dues.
- If a member wishes to downgrade their membership, a \$49 processing fee will be assessed.
- The enrollment fee must be paid again if membership lapses for more than 30 days.
- While at the J, all children under the age of 13 must be accompanied by an adult. Children who are 13 or 14 may use the fitness center only after meeting with a personal trainer for a complimentary proficiency class.
- When joining the Early Childhood Learning Center or the Before- and After-School Enrichment Program, membership must be active 30 days prior to beginning of the program and must remain current throughout the duration of the program. All summer camp memberships must be active June 1-August 31 regardless of number of weeks attending.
- The DcnYn reserves the right to photograph and/or videotape activities for use in publicity and promotional materials. Please notify the DcnYn 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 membership are not included in any materials.
- All emails will be automatically added to our DcnYn communications.
- All cell phone numbers will be automatically added to our emergency text alert system. If you wish to opt-out, please enter "STOP" when you receive your first text.
- Use of any recreational facility and participation in any activity involves a risk of accidental injury despite all safety precautions. Having been informed of the activities to be conducted by the DcnYn Jewish Community Center of Northern Virginia (hY), I/we, as an individual or as a parent or guardian of the participants named herein, assume all risks and hazards incidental to the activities, and release from responsibility and all liability, claims, costs and damages including attorney fees and costs and agree to indemnify and hold harmless the DcnYn Jewish Community Center of Northern Virginia, their officers, directors, independent contractors, volunteers, and all employees of any illness, injury or damage to me or my children, or my family members occurring during the use of any recreation facility or participation in any activities conducted by the

Signature _____ Date _____

Guardian Signature (if applicant is under 18 years old) _____

Applicant 1

Mr. Mrs. Ms. Dr. Rabbi Cantor Pastor/Reverend/Father

Last Name _____ First Name _____

Gender Identity: Male Female Gender non-conforming Other _____

Preferred Pronouns:

he, him, his she, her, hers they, them, theirs Other _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Email _____

Cell Phone _____ Home Phone _____ Work Phone _____

Occupation _____ Employer _____

Emergency Contact Name _____ Relation _____

Emergency Contact Phone _____

Applicant 2

Mr. Mrs. Ms. Dr. Rabbi Cantor Pastor/Reverend/Father

Last Name _____ First Name _____

Gender Identity: Male Female Gender non-conforming Other _____

Preferred Pronouns:

he, him, his she, her, hers they, them, theirs Other _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Email _____

Cell Phone _____ Home Phone _____ Work Phone _____

Occupation _____ Employer _____

Emergency Contact Name _____ Relation _____

Emergency Contact Phone _____

Children (23 and younger)

Name _____ Gender Identity _____ Date of Birth _____

Name _____ Gender Identity _____ Date of Birth _____

Name _____ Gender Identity _____ Date of Birth _____

Membership Information

	Categories	Fees
Start Date: _____	J-Family Membership	All categories are subject to: Activation Fee: \$29 Enrollment Fee: \$99
First Month Payment: _____	<input type="checkbox"/> Household 2+ ppl	\$118/month
	<input type="checkbox"/> Individual	\$59/month
	<input type="checkbox"/> Senior	\$49/month
	<input type="checkbox"/> Senior Couple	\$98/month
	<input type="checkbox"/> Teen	\$18/month
All Future Payments: _____	J-Journey Membership	Activation Fee: \$29
	<input type="checkbox"/> Individual	\$18/month
	J-Pass	
	<input type="checkbox"/> Individual	\$0

Locker Rental: Please add \$18/month to my monthly fee to rent a locker.
Which Locker Room: Women's Men's

Payment Options

Automatic Credit Card Charge

I authorize the Pozez Jewish Community Center of Northern Virginia (the J) to charge my credit card to pay the outstanding balance on my Pozez JCC account on approximately the 14th of each month.

The authorization is to remain in effect until I provide written notification. Cancellation requires a 30-day written notice prior to the first of the month, during which fees apply.

I understand that the membership dues may change annually upon my anniversary date. I authorize my card to be charged accordingly based on the rate changes.

Visa MasterCard
 American Express Discover

Credit Card # _____

Expiration Date _____

CVC # _____

Signature _____

Date _____

Automatic Electronic Funds Transfer

I authorize the Pozez Jewish Community Center of Northern Virginia (the J) to transfer funds from my checking/savings account to pay the outstanding balance on my Pozez JCC account on approximately the 14th of each month.

I authorize the financial institution identified below, to accept these charges to my account. This authorization is to remain in effect until the Pozez JCC has received written notification. Cancellation requires a 30-day written notice prior to the first of the month, during which fees apply.

I understand that the membership dues may change annually upon my anniversary date. I authorize my bank account to be charged accordingly based on the rate changes.

Bank/Financial Institution

Routing # _____

Account # _____

Name on Account _____

Signature _____

Date _____

Contribution

Please add \$ _____ to my monthly deduction as a tax-deductible contribution.

I have enclosed an additional \$ _____ as a tax-deductible contribution.

Areas of Interest

- | | |
|--|---|
| <input type="checkbox"/> Adult Programs | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> School-Age Programs | <input type="checkbox"/> Judaic Programs |
| <input type="checkbox"/> Camp | <input type="checkbox"/> Israel Programs |
| <input type="checkbox"/> Family Programs | <input type="checkbox"/> Cultural Art |
| <input type="checkbox"/> Teen Programs | <input type="checkbox"/> Programming for Individuals with Special Needs |
| <input type="checkbox"/> Fitness | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Film/Book Festival | |

Communication

Email Preferences: Members are automatically subscribed to our communications database.

Please initial here if you do NOT wish to receive email from the J _____

Please check all newsletters you wish to receive:

- | | |
|---|---|
| <input type="checkbox"/> Fitness & Wellness | <input type="checkbox"/> Family Services |
| <input type="checkbox"/> Adult Services | <input type="checkbox"/> Programming for Individuals with Special Needs |
| <input type="checkbox"/> Cultural Arts | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Events | |

How did you learn about the J:

- | | |
|--|--|
| <input type="checkbox"/> Live/Drove Nearby | <input type="checkbox"/> Non-Member Usage |
| <input type="checkbox"/> Internet Search | <input type="checkbox"/> Social Media (Facebook/Instagram/Twitter) |
| <input type="checkbox"/> Postcard | <input type="checkbox"/> I/We were past members |
| <input type="checkbox"/> Member Referral | Where? _____ |
| | Name _____ When? _____ |
| <input type="checkbox"/> Other _____ | |