

# Membership Application

## Applicant 1

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender Identity:  Male  Female  Gender non-conforming  Other \_\_\_\_\_

Preferred Pronouns:  he, him, his  she, her, hers  they, them, theirs Other \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relation \_\_\_\_\_ Contact Phone \_\_\_\_\_

## Applicant 2

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender Identity:  Male  Female  Gender non-conforming  Other \_\_\_\_\_

Preferred Pronouns:  he, him, his  she, her, hers  they, them, theirs Other \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relation \_\_\_\_\_ Contact Phone \_\_\_\_\_

## Children (23 years and younger)

Name \_\_\_\_\_ Gender Identity \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Gender Identity \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Gender Identity \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Areas of Interest

- Adult Programs  Camp  Cultural Arts  Family Programs  Film/Book Festival  
 Fitness  Israel Programs  Judaic Programs  Programming for individuals with Special Needs  
 Recreation  School-Age Programs  Teen Programs  Other \_\_\_\_\_

## Communication

The Pozez JCC uses the email or text messaging functionality of our emergency mass notification system to alert members and staff of important information. Please check which communications options are preferred.  text  email

### Please check all newsletters you wish to receive:

- Adult Services  Cultural Arts  Events  Family Services  
 Programming for individuals with Special Needs  Other \_\_\_\_\_

### How did you learn about the Pozez JCC:

- Live/Drove Nearby  Non-Member Usage  
 Internet Search  Social Media (Facebook/Instagram/Twitter)  
 Postcard  I/We were past members  
 Member Referral Where? \_\_\_\_\_ When? \_\_\_\_\_  
Name \_\_\_\_\_ Other \_\_\_\_\_

**Pozez Jewish Community Center of Northern Virginia**

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Partner Agency of  
The Jewish Federation  
OF GREATER WASHINGTON



## Membership Information

	Categories	Fees
Start Date: _____	<b>J-Family Membership</b>	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: _____	<b>J-Journey Membership</b>	Activation Fee: \$29
	<input type="checkbox"/> Individual	\$18/month
	<b>J-Pass</b>	
	<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 JCC to charge my credit card to pay the outstanding balance on my account on approximately the 16th 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 JCC to transfer funds from my checking/savings account to pay the outstanding balance on my account on approximately the 16th 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 J 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.

## 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. Requests for placing the account on hold must be sent to, and acknowledged by, the Membership Department, prior to the requested start date of the hold. In lieu of standard dues, a \$10 fee will be assessed per month.
  - If a member wishes to downgrade their membership, a \$50 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 JCare Program, membership must be active 30 days prior to beginning of the program and must remain current throughout the duration of the program.
  - The Pozez JCC reserves the right to photograph and/or videotape activities for use in publicity and promotional materials. Please notify the J in writing if you do not want photos of yourself or your family members to be used. By providing a recent photo, the J will do its best to ensure that you and/or your family members are not included in promotional materials.
- 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 Pozez JCC, 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 Pozez JCC, 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 Pozez JCC.

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

Guardian Signature (if applicant is under 18 years old) \_\_\_\_\_