MEMBERSHIP APPLICATION + AGREEMENT FORM

TODAY'S DATE:
HOW DID YOU HEAR ABOUT US? (Check all that apply)
- INTERNET
- PRINT AD
- DROVE BY: ______________________
- SOCIAL MEDIA
- REFERRED BY: ____________________
- TV/RADIO
- ATTENDED EVENT
- OTHER:

MEMBER INFORMATION (Please complete for all household members, regardless of membership status)

HOME/MAILING ADDRESS
- Street: ________________________________
- City, State, Zip: __________________________
- PRIMARY EMAIL: __________________________

ADULTS/HEAD OF HOUSEHOLD

FIRST + LAST NAME: ____________________________
- DATE OF BIRTH: ____________________________
- PHONE: ____________________________
- EMPLOYER: ____________________________
- NICKNAME (IF ANY): ____________________________
- GENDER: ____________________________
- EMAIL: ____________________________
- MARITAL STATUS: ____________________________
- RELIGIOUS AFFILIATION: ____________________________

CHILDREN/DEPENDENTS (23 and under)

FIRST + LAST NAME: ____________________________
- DATE OF BIRTH: ____________________________
- PHONE: ____________________________
- RELATION TO PRIMARY MEMBER: ____________________________
- NICKNAME (IF ANY): ____________________________
- GENDER: ____________________________
- EMAIL: ____________________________

ENGAGEMENT AREAS

Please check all areas that you are interested in.

<table>
<thead>
<tr>
<th>ADULT PROGRAMS</th>
<th>PRIMARY MEMBER</th>
<th>SECOND ADULT</th>
<th>DEPENDENTS</th>
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<tbody>
<tr>
<td>AQUATICS</td>
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<tr>
<td>ARTS + CULTURE</td>
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<td>CAMP</td>
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<td>CHILDREN + YOUTH (K-12)</td>
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<td>EARLY CHILDHOOD (0-5 YEARS)</td>
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<td>JEWISH HERITAGE/CULTURE</td>
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<td>RACQUET SPORTS</td>
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<td>TENNIS</td>
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<tr>
<td>SENIOR PROGRAMS</td>
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<td>SPORTS + WELLNESS</td>
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VOLUNTEER OPPORTUNITIES
Please check all areas that you are interested in.

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<th>PRIMARY MEMBER</th>
<th>SECOND ADULT</th>
<th>DEPENDENTS</th>
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<tr>
<td>COMMUNITY EVENTS</td>
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<td>FILM FESTIVAL</td>
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<td>FUNDRAISING</td>
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<td>GENERAL (ONGOING)</td>
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<td>SERVING ON A COMMITTEE</td>
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<td>SPECIAL EVENTS + PROJECTS</td>
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<tr>
<td>YOUTH SPORTS/COACHING</td>
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ADD ONS:

- TOWEL SERVICE □ MONTHLY □ ANNUAL
- LOCKER RENTAL* □ MONTHLY □ ANNUAL

How many? (include locker #)
Women’s: _______ Men’s: _______

*check with MRC staff to confirm availability

TAX DEDUCTIBLE GIFT $ ___________ □ Monthly □ Annual

PAYMENT INFORMATION

Fees are to be paid monthly by choosing one of the following options:

Option 1: Electronic Funds Transfer (EFT)
This is an automatic withdrawal from your checking account on the first of each month, unless other arrangements have been made. We will ask your bank to transfer the amount of your monthly fee to the JCC’s account.

Authorization Agreement for Pre-Arranged Payments (ACH Debits) As a duly authorized signer on the financial institution account identified below, I authorize the Tucson Jewish Community Center to perform scheduled or periodic electronic funds transfer debits from my account identified below for payments due. I understand the dollar amount may vary depending on type of membership or services purchased. For accounting purposes, all electronic debits will be reflected in the monthly bank statement that corresponds with the financial institution identified below. I understand and authorize all of the above as evidenced by my signature below.

ROUTING NUMBER: ______________________________ ACCOUNT NUMBER: ______________________________

Option 2: Credit/Debit Card
We will automatically charge your credit/debit card account with the amount of your monthly fee on the first of each month unless other arrangements have been made.

□ Visa □ MasterCard □ Discover

NAME ON CARD: ______________________________ CARD NUMBER: ______________________________

EXPIRATION DATE: ___________ SECURITY CODE: ___________
MEMBER AGREEMENT

Please sign and initial where indicated:

I, __________________________ understand after my initial membership commitment based on my membership type, all memberships renew on a month to month basis until a 30 day advance written notice is received by the Membership Director at the Tucson J; thereafter, the membership will be cancelled on the last day of the month following the month during which the 30 day notice is given.

___I understand that early termination fees may apply.

___ Monthly membership charges will be billed based on the current market rates of my membership type.

___ Membership is not transferable or refundable.

___ Membership is a privilege which may be revoked at any time by the President/CEO the Board of Directors, or their management agents. Any unused prepaid membership fees will be returned on a prorated basis upon revocation of membership.

___ I understand that there is an annual Repair and Replacement fee assessed to my account on my membership anniversary date that goes towards updating and replacing equipment and infrastructure.

___ I hereby give permission for any member on this unit or our guests to be photographed or recorded and for the photos, videos or quotes to be used in educational and/or promotional materials that include and are not limited to the internet, produced by Tucson JCC or their agents. Further I understand that there will be no compensation for the use of these photos, videos or quotes.

___ The Tucson Jewish Community Center is open to the entire community. We do not discriminate on the basis of race, color, religion, sex, national origin, age, veteran status, disability, marital status, sexual orientation, or gender identity or expression. We are committed to providing an environment where all are welcome.

___ I understand it is my responsibility to confirm my discount and/or reapply for scholarships annually.

___ I, the undersigned, hereby make application for membership to the Tucson Jewish Community Center. I agree to abide by its rules and by-laws. Participation in any Tucson J activity and use of recreational and workout facilities involves a risk of accidental injury despite all safety precautions. Therefore, all Tucson J facilities including, without limitation, the saunas, steam rooms, whirlpools, weight equipment, pools and all sports facilities are used at your own risk. Parents and/or guardians will assume all risks (injury or illness) to your children and family members that may occur during participation in any activities or use of facilities at The J.

___ By signing this form, I acknowledge that I am aware of the potential risks of participating in activities and/or programs at The J and agree to in no way hold the management, agents, or employees of The J liable for any injury or illness that I or other family members may sustain. I am signing as the responsible party for all members listed on this application.

I have read and understood the above policies. I hereby agree to abide by all the rules and policies of the Tucson J.

Signature  ______________________________________________________________

Printed name  ______________________________________________________________

Date  ______________________________________________________________

INTERNAL USE ONLY

Member Type:__________________________________________  Discount/Scholarship:________________________

Term:_____________________________________________________

Monthly/Annual Dues: __________________________

Date: __________________________

Start Date: __________________________

Tag # _________________________________________________

Tag # _________________________________________________

Tag # _________________________________________________

Tag # _________________________________________________

Insurance-Based Primary Membership #

________________________

Insurance-Based Second Membership #

________________________