

# MEMBERSHIP APPLICATION

Join Date: \_\_\_\_\_

Welcome Date: \_\_\_\_\_



**Sandra and Leon Levine Jewish Community Center**  
5007 Providence Road • Charlotte, NC 28226  
Phone 704.366.5007 • Fax 704.944.6810

## How did you learn about the LJCC?

- New to Charlotte Area       Previous LJCC Member  
 Referred by JCC Member/Friend \_\_\_\_\_  
 Word of mouth  
 Banner       JCC/Park Programming  
 Ads       Social Media

## First Member

Circle One Mr. Mrs. Ms. Dr. Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

Address \_\_\_\_\_

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

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

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

E-mail \_\_\_\_\_

Marital Status    Married    Single    Divorced  
 Widowed    Committed Relationship

## Second Member

Circle One Mr. Mrs. Ms. Dr. Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

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

E-mail \_\_\_\_\_

### Relation To First Member

Husband    Wife    Partner

## OTHER FAMILY

First Name	Last Name <small>(if different from name above)</small>	E-mail	Sex	Birthdate <small>(mm/day/year)</small>	Current Grade
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## Membership Category

- Benefactor    Family    Senior Couple    Single Parent    Young Family    Young Adult (22-29)  
 Silver    Couple    Senior Single    Single Adult    Young Couple    Student/Teen (14-21)

## Religion

Jewish    Other

## Synagogue Affiliation

Temple Beth El    Temple Israel    Ohr Ha Torah    Other

## Emergency Contact

Name \_\_\_\_\_ Phone \_\_\_\_\_

### I am interested in the following programs:

- |   |  |
|---|--|
| <input type="checkbox"/> Adult Leagues/Programs | <input type="checkbox"/> Performing Arts     |
| <input type="checkbox"/> Aquatics               | <input type="checkbox"/> Personal Training   |
| <input type="checkbox"/> Ceramics               | <input type="checkbox"/> Preschool           |
| <input type="checkbox"/> Family                 | <input type="checkbox"/> Senior Adults       |
| <input type="checkbox"/> Group Ex + Fitness     | <input type="checkbox"/> Tennis              |
| <input type="checkbox"/> Judaic                 | <input type="checkbox"/> Youth/Teen Programs |
| <input type="checkbox"/> K-5th                  |  |

- I would like a confidential interview to discuss a fee adjustment of payment plan  
 If you request contact information not be shared, please check this box.

I, the undersigned, hereby make application for membership in the LJCC. I agree to abide by its rules and by-laws. I understand that membership is on an ongoing basis, non-transferable and that dues are not refundable. Permission is granted for photographs to be taken and used for future publicity.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

Please complete form on reverse side



Name: \_\_\_\_\_

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## MEMBERSHIP WAIVER

In consideration of being permitted to utilize the facilities, services, and programs of the Levine Jewish Community Center (LJCC) for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the LJCC, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the LJCC for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE LJCC FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE LJCC, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

- 1) THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the LJCC, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the LJCC, without respect to location.
- 2) THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the LJCC premises or in any way observing or using any facilities or equipment of the LJCC or participating in any program affiliated with the LJCC whether caused by the negligence of the releasees or otherwise.
- 3) THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the LJCC and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the LJCC.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of North Carolina and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, & further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

### I HAVE READ THIS RELEASE

Member Signature (or legal guardian if under 18 years old)

Date

Name: \_\_\_\_\_



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PAYMENT AUTHORIZATION			
Annual Fees	Monthly Fees	PAID	Payment Options (select one)
Membership \$ _____	Membership \$ _____	Prorate \$ _____	<input type="checkbox"/> Payment in Full <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit  <input type="checkbox"/> Monthly Payments <input type="checkbox"/> Credit Card <input type="checkbox"/> Bank Draft/EFT (electronic funds transfer)
Amenities \$ _____	Amenities \$ _____	Joining/Processing Fee	
Joining Fee \$ _____ (one time)		\$ _____	
<b>TOTAL</b> \$ _____	<b>TOTAL</b> \$ _____	<b>TOTAL</b> \$ _____	

Membership and Amenities Fees: I understand that I am purchasing an obligation to pay for ongoing annual membership at the Sandra and Leon Levine Jewish Community Center (Levine JCC), as indicated above. I agree that my membership will be automatically renewed at the prevailing rate. **If I choose to terminate my membership, I will inform the Levine JCC in writing between the 1st and 5th of the month in order to have it terminated by the 31st of that month. Any notification given after the 5th of the month will terminate at the end of the following month.** I further understand that the authority of this payment authorization agreement will remain in effect until my written termination is received by the Levine JCC. I agree that the Levine JCC shall be fully protected in honoring any such drafts or credit card debits.\*

Member Signature \_\_\_\_\_

Date \_\_\_\_\_

**CREDIT CARD or DEBIT CARD**

**BANK DRAFT or EFT** (electronic funds transfer)

I authorize the Sandra and Leon Levine Jewish Community Center (Levine JCC) to initiate transactions to my credit card account and by the method indicated above. I authorize the credit card institution to **charge my account**, for the amount indicated, **on the 5th day of each month**. I understand that the JCC will notify me, in advance, of any change in the monthly fee charged to my account due to any change in the fees for my membership or for new services added by my consent.

Name (as it appears on credit card) \_\_\_\_\_

Signature \_\_\_\_\_

Credit Card # \_\_\_\_\_

Enter CC address if different from home address.

Type:  Visa  MasterCard  Discover Exp. Date \_\_\_\_\_

Initial Draft or EFT Date \_\_\_\_\_

**\*Please note: a 30 day written termination is required.**

I authorize the Sandra and Leon Levine Jewish Community Center (Levine JCC) to prepare and execute a CENTERCHECK (bank draft) or EFT in the amount and by the method indicated above. I authorize my banking institution to debit my account for the amount indicated. I understand and agree that if I close my account or stop payment on my bank draft or EFT that I will be obligated to pay the balance of my fees immediately. If for any reason my draft should not be honored, I will be responsible for that draft amount plus a \$25 service charge.

I understand that **my account will be drafted on the 5th day of each month**. I understand that the Levine JCC will notify me in advance of any change in the monthly fee charged to my account due to any change in fees for my membership or for new services added by my consent.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Initial Draft or EFT Date \_\_\_\_\_

**A VOIDED CHECK MUST BE ATTACHED TO THIS FORM TO PROVIDE ACCOUNT INFORMATION.**