

MEMBERSHIP APPLICATION

Join 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 _____
- Banner Park Programming _____
- Advertisement: Radio Magazine News
- Social Media: Web Facebook Other

Primary Member

Circle One Mr. Mrs. Ms. Dr. Birthdate ____/____/____

First Name _____

Last Name _____

Address _____

City/State/Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

E-mail _____

- Marital Status Married Single Divorced
 Widowed Committed Relationship

Secondary Member

Circle One Mr. Mrs. Ms. Dr. Birthdate ____/____/____

First Name _____

Last Name _____

Address _____

City/State/Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

E-mail _____

- Relation To Primary 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 (22-30)
- 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 areas:

- Aquatics Music Programs
- Pilates Arts & Ceramics
- Tennis Personal Training
- Dance Group Exercise
- Youth Leagues/Teens
- Preschool/Early Childhood
- Children & Family Programs

- Fitness Orientation: _____
- Date/Time Of Orientation: _____
- 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.

Applicant's Signature _____

Date _____



Name: _____

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MEMBERSHIP WAIVER

In consideration for 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 Fee \$ _____	
Joining Fee \$ _____ (one time)			
TOTAL \$ _____	TOTAL \$ _____	TOTAL \$ _____	

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 thirty (30) days prior to the termination date. 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

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 # _____

Type: Visa MasterCard Discover Exp. Date _____

Initial Draft or EFT Date _____

BANK DRAFT or EFT (electronic funds transfer)

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.