

Membership Application

Member Information

Member # _____

Main Member: 1) _____ Birthdate: ____/____/____

Gender (optional) _____

Full Name: 2) _____ Relationship _____ Birthdate: ____/____/____

Gender (optional) _____

Full Name: 3) _____ Relationship _____ Birthdate: ____/____/____

Gender (optional) _____

Full Name: 4) _____ Relationship _____ Birthdate: ____/____/____

Gender (optional) _____

Full Name: 5) _____ Relationship _____ Birthdate: ____/____/____

Gender (optional) _____

Full Name: 6) _____ Relationship _____ Birthdate: ____/____/____

Gender (optional) _____

Address: _____ City _____ State ____ Zip _____

Email 1: _____ Email 2: _____

Driver License #: _____ Employer: _____

Cell Phone: _____ Alternate Phone: _____

Cell Phone # _____ Check if you want to opt-OUT of text communication

Emergency Contact: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Medical Conditions + Allergies: _____

Please initial here _____ that Membership applications typically take 3 - 5 days to process.

Staff Notes



Mittleman

Jewish Community Center

6651 SW Capitol Highway, Portland, OR 97219

P: 503.244.0111 | F: 503.245.4233 | oregonjcc.org

Application

Membership Information

Membership Category: _____

Start Date: _____

Discount: _____

Referred by: _____

Membership Payment

MONTH to MONTH

ANNUAL

12-month commitment

Prepay 1 year upfront

1 year monthly withdrawals

Waivers

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 Mittleman Jewish Community Center and/or Portland Jewish Academy 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 Mittleman Jewish Community Center and/or Portland Jewish Academy, their officers, directors, independent contractors, volunteers, and all employees for any illness, injury or damage to me or my children, or my family members occurring during the use of any recreational facility or the participation in any activities conducted by the MJCC.

___ I understand that if I am presently under a doctor's care, it is my responsibility to obtain my doctor's permission to participate in a workout program at the Mittleman Jewish Community Center. **ALL ADULT MEMBERS MUST SIGN BEFORE USING FACILITY.**

___ I understand that membership is month to month. If I cancel my membership, my cancellation must be received by the 20th day of the current month to avoid the next month's dues.

___ I understand that membership is for a minimum one (1) year term of 12 months. If I cancel my membership during that time, I agree to pay 40 percent of remaining membership dues. Membership rates are subject to change. If I elect to pay the full year in one payment, the MJCC will send a bill at the end of the 12-month membership. If I elect monthly billing, the MJCC will continue to charge my credit card or bank account until I give written notice of cancellation. (See back of sheet for payment options.)

By signing this form, I give the MJCC permission to list my name as a member of the Center and use my photograph in printed and web-based material. Minors will not be identified in photos by name.

Initial here if you do not wish your name to be printed _____

Initial here if you do not wish your photo to be used _____

Signature 1: _____ **Date:** _____

Form of Identification: _____ Verified By: _____

Signature 2: _____ **Date:** _____

Form of Identification: _____ Verified By: _____

Communication

Email + Text Preferences

Please check if you want to receive the weekly newsletter.

- What's Happening at the J

Please check the alerts you wish to receive.

- Fitness
 Aquatics
 Basketball/Gymnasium
 Childcare

How did you learn about the MJCC?

- Friend
 Internet search
 Facebook ad
 Postcard
 Ad in SW Community Connecton
 Capitol Hwy. Banner
 Yelp

Cancellation Policy

___ I understand that my cancellation must be received by the 20th day of the current month to avoid the next month's dues. I/we intend to cancel my/our MJCC membership as of the end of this month. (If the date is after the 20th of the month, I/we understand that cancellation will be effective as of the last day of next month) I/we understand that at that time I/we will no longer be eligible to use the MJCC facilities. I/We am also responsible for all membership fees and charges on my account through the cancellation date. I/we also understand that by terminating my/our membership, I/we am forfeiting any and all fees paid to join the MJCC and will be subject to the prevailing membership policies and rates, including all fees, if I decide to rejoin at a later date. I/we also understand that if I/we rejoin at a later date the membership priority date will begin a new period as of the date I rejoin. I/we agree to return my/our membership card(s) by the date of termination.

Internal Use Only.

Received: _____ Paid: _____ Processed: _____

Date Checked: _____



Payment

Payment Options

- MONTH to MONTH *or* Annual (12-month commitment)
 - Automatic Monthly Credit Card Charge (fill out authorization below)
 - Automatic Monthly Funds Transfer (fill out authorization below - voided check needed)

Monthly Authorizations

<p>AUTOMATIC CREDIT CARD CHARGE</p> <p>I authorize Mittleman Jewish Community Center (MJCC) to charge my credit card account to pay the outstanding balance on my MJCC account on approximately the 10th of each month, commencing ___/01/20__.</p> <p>This authorization is to remain in effect until I provide written notification. I understand that I have the right to cancel this authorization by giving written notice to MJCC 10 business days prior to the 1st of the month in which I want this authority rescinded. However, cancelling this authorization does not relieve me of any amount remaining on my one-year minimum membership.</p> <p><input type="checkbox"/> Mastercard <input type="checkbox"/> VISA <input type="checkbox"/> Amex</p> <p>Credit Card #: _____</p> <p>Exp. Date: _____ CVC#: _____</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>AUTOMATIC FUNDS TRANSFER</p> <p>I authorize Mittleman Jewish Community Center (MJCC) to transfer funds from my checking account to pay the outstanding balance on my MJCC account on approximately the 10th of each month, commencing ___/01/20__.</p> <p>I authorize the financial institution identified below, to accept these charges to my account. This authorization is to remain in effect until the MJCC has received written notification. I understand that I have the right to cancel this authorization by giving written notice to MJCC 10 business days prior to the 1st of the month in which I want this authority rescinded. However, cancelling this authorization does not relieve me of any amount remaining on my one-year minimum membership.</p> <p>Bank/Financial Institution: _____</p> <p>ABA#: _____</p> <p>Account #: _____</p> <p>Account Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p>
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Contributions

- Please add \$_____ to my monthly deduction as a tax deductible contribution.
- I have enclosed an additional \$_____ as a tax deductible contribution.

