



# SCHENECTADY JEWISH COMMUNITY CENTER

2565 Balltown Road, Schenectady, New York 12309 (518) 377-8803

## APPLICATION FOR MEMBERSHIP

PLEASE PRINT

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

Street \_\_\_\_\_

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

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

E-MAIL address \_\_\_\_\_

In case of emergency please notify: Name (local) \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Physician's name / phone number (update as necessary): \_\_\_\_\_

Voluntary information (for statistical purposes only):  Jewish  Non-Jewish

Synagogue \_\_\_\_\_ Other \_\_\_\_\_

Limited (Indoor Only)

Complete (Indoor and Outdoor)

### MEMBERSHIP CATEGORY (CHECK ONE)

- Family
- Single Parent Family
- Individual Adult
- Full Time College Student
- Senior Individual
- Senior Couple
- Sustaining

<b>MALE</b>	CIRCLE ONE: Mr. Dr.	BIRTH DATE _____ Month Day Year
	First Name _____	
	Last Name _____	
	Occupation _____	
	Firm Name _____	
	Bus. Address _____	
	City/State/Zip _____	
	Bus. Phone ( ) _____	
Cell Phone ( ) _____		

<b>FEMALE</b>	CIRCLE ONE: Mrs. Miss Ms. Dr.	BIRTH DATE _____ Month Day Year
	First Name _____	
	Last Name _____	
	Occupation _____	
	Firm Name _____	
	Bus. Address _____	
	City/State/Zip _____	
	Bus. Phone ( ) _____	
Cell Phone ( ) _____		

<b>CHILDREN</b>	FIRST NAME	MIDDLE INITIAL	LAST NAME (if different from above)	SEX M or F	BIRTH DATE Month/Day/Year	GRADE
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

Membership dues are payable annually in advance. Checks should be made payable to the JEWISH COMMUNITY CENTER. Dues may be paid 1/3 on application, 1/3 in 30 days, final 1/3 in 60 days. The Administration Fee is payable with application.

I, the undersigned, do hereby make formal application for membership in the Schenectady Jewish Community Center. I agree to abide by the rules and by-laws of the Center. I agree that my membership is not transferable. I understand that dues are payable in advance, and that **MY MEMBERSHIP WILL BE AUTOMATICALLY RENEWED AT THE END OF EACH MEMBERSHIP YEAR UNLESS I SUBMIT WRITTEN NOTICE OF TERMINATION.** (NOTE: Special payment schedules or adjusted fees at lower rates on request.)

APPLICANT'S SIGNATURE \_\_\_\_\_

**PLEASE COMPLETE SO THAT WE MAY BETTER SERVE YOU.  
WHY DID YOU JOIN THE CENTER?**

- |  |   |
|--|---|
| <input type="checkbox"/> PRESCHOOL/CHILD CARE<br><input type="checkbox"/> KINDERGARTEN/CHILD CARE<br><input type="checkbox"/> AFTER SCHOOL ENRICHMENT PROGRAM<br><input type="checkbox"/> DAY CAMP<br><input type="checkbox"/> PHYSICAL EDUCATION CLASSES<br><input type="checkbox"/> FITNESS/WEIGHT ROOMS<br><input type="checkbox"/> POOL/INDOOR | <input type="checkbox"/> FAMILY PARK/OUTDOOR POOL<br><input type="checkbox"/> CHILDRENS' LESSONS/ACTIVITIES<br><input type="checkbox"/> CULTURAL PROGRAMS<br><input type="checkbox"/> SENIOR ADULT PROGRAMS<br><input type="checkbox"/> JEWISH PROGRAMS<br><input type="checkbox"/> OTHER _____ |
|--|---|

Have you previously been a member of the JCC of Schenectady? \_\_\_\_\_  
Yes      No      Year

How did you hear of the JCC? \_\_\_\_\_

**PLEASE CHECK AREAS OF INTEREST**

	ADULT MALE	ADULT FEMALE	TEENS	CHILDREN		ADULT MALE	ADULT FEMALE	TEENS	CHILDREN
Aerobics					Jewish Education				
Aqua Exercise					Karate				
Ballet					Music				
Basketball					Painting				
Book Reviews					Personal Training				
Bridge					Photography				
Ceramics					Pilates				
Current Events Discussions					Senior Adult Activities				
Crafts					Soccer (indoor)				
Dance (Children)					Softball League				
Dance Classes					Swim Team (indoor)				
Dramatics					Swim Team (outdoor)				
Exercise & Fitness					Tennis				
Family Activities					Theater Trips				
Films					Volleyball				
Hebrew/Yiddish					Yoga				
Israeli Programs					Other (please specify)				

For Office Use Only:

<input type="checkbox"/> Cards	Acct. No. _____
<input type="checkbox"/> _____	Category _____
<input type="checkbox"/> Mailing List	Membership \$ _____
<input type="checkbox"/> New Member List	Administration Fee \$ _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rolodex Cards	Total Fees \$ _____

