



Jewish Community Center of Allentown  
 702 N. 22<sup>nd</sup> St. Allentown, PA 18104  
 Phone: 610.435.3571 Fax: 610.435.2859  
 Phyllis Fogel, Director of Membership  
[pfogel@lvjcc.org](mailto:pfogel@lvjcc.org)

## Membership Application

### MEMBERSHIP CATEGORY:

<b>Family:</b> <input type="checkbox"/> Family (includes children to 23 in college) <input type="checkbox"/> Young Family (oldest child under 6) <input type="checkbox"/> Single Parent Family	<b>Couple:</b> <input type="checkbox"/> Couple	<b>Individual:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Full-Time Student
---	---	---

Promo: \_\_\_\_\_ Senior Discount: \_\_\_\_\_

### PRIMARY MEMBER INFORMATION: (please print)

<input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Atty. <input type="checkbox"/> Other _____	(Full Name) _____
Home Address _____	City/State/Zip _____
Home Phone _____	Cell _____
Date of Birth ___/___/___	
Business Phone _____	E-mail Address _____
Occupation _____	Fax _____
Company Name and Address _____	

### SECONDARY MEMBER INFORMATION: (please print)

<input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Atty. <input type="checkbox"/> Other _____	(Full Name) _____
Home Address _____	City/State/Zip _____
Home Phone _____	Cell _____
Date of Birth ___/___/___	
Business Phone _____	E-mail Address _____
Occupation _____	Fax _____
Company Name and Address _____	

### DEPENDENT INFORMATION: (Must be 22 or younger, or in graduate school. Proof of address/enrollment required.)

Name _____	E-mail Address _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth ___/___/___	Age ___	Grade ___
Relationship _____		
Name _____	E-mail Address _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth ___/___/___	Age ___	Grade ___
Relationship _____		
Name _____	E-mail Address _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth ___/___/___	Age ___	Grade ___
Relationship _____		

In an emergency notify _____	Phone _____	Relationship _____
Religious Identification (Voluntary statistical purpose only) <input type="checkbox"/> Jewish <input type="checkbox"/> Non-Jewish		

-2-  
**PAYMENT OPTIONS:**

**Enrollment Fee:** \$125.00

Payment Options:  Check     Charge    Joining fee paid \_\_\_\_\_ Date \_\_\_\_\_

**ELECTRONIC FUNDS (EFT) OR CREDIT CARD AUTHORIZATION:**

I authorize my bank to honor preauthorized Electronic Funds Transfer or my credit card institution to charge my credit card for funds drawn by the JCC of Allentown on my account for membership, programs, or contribution payments as indicated below. Such transfer shall constitute notice of payment due and is my receipt for the payment. Should any preauthorized EFT or credit card charge not be honored when charged, then I must make the payment in the amount of said payment plus service charges. It is further understood that if such payment is not honored by the bank or credit card institution, then the JCC of Allentown, at its discretion, may resubmit the amount due for payment on a future date. I understand that this authorization will be in effect until I notify the JCC of Allentown, in writing, that I no longer desire this service - allowing the JCC of Allentown reasonable time to act on my notification. I also understand that if corrections to the amount are necessary, it may involve an automatic adjustment (credit or debit) to my account. All payments will be on the 1st of the month or closest banking day proceeding the 1st of the month.

**RETURN CHECK OR CHARGE FEE:** A \$25.00 fee will be added to the account for any check returned for insufficient funds or any charge denied.

**MONTHLY PAYMENTS :**

I choose the automatic charge **Credit Card Option** for monthly payment from my:

Visa     MC     Discover     Card on File

Card Holder Name \_\_\_\_\_ Account Number \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV# on back of card: \_\_\_\_\_ Charge in the amount of \$ \_\_\_\_\_/per month

Billing Address on card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

First month paid \_\_\_\_\_ Date \_\_\_\_\_  Check # \_\_\_\_\_  Charge     Cash  
OR

I want the **EFT Option** for monthly payment direct from my  checking  savings account. (Attach voided check)

Bank Name \_\_\_\_\_ Name on Account \_\_\_\_\_

Routing/Transit Number \_\_\_\_\_ Account Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Charge in the amount of \$ \_\_\_\_\_/per month

OR

**SINGLE ANNUAL PAYMENT:**

I prefer to **Pay in Full** by  Check # \_\_\_\_\_  EFT     Credit (card number above) upon enrollment.  Cash \$ \_\_\_\_\_

**REQUESTS FOR ADJUSTED FEES:** The JCC has limited resources for need based assistance. An application fee of \$25 must be paid at time of request along with copies of your three most recent paychecks or a tax return for 2008, Social Security or SSI forms, if applicable, and a letter explaining the need for assistance, including ongoing expenses and any extraordinary circumstances. The information should be enclosed in a separate envelope marked "Request for Membership Adjusted Fee" and returned to the JCC

Attn: Phyllis Fogel, Membership Director.  
JCC Membership is open to all regardless of race or religion.

**PLEASE INITIAL AND SIGN:**

**The following initialed statements and signatures apply to all members of my family and guests in consideration of membership at the Jewish Community Center of Allentown (a/k/a : JCC of Allentown).**

\_\_\_\_\_(Initial) In consideration of obtaining membership or being allowed to participate in the activities and programs of JCC of Allentown and to use its facilities, parking facilities, equipment, and machinery in addition to the payment of any fees or charges, I/we do hereby waive, release and forever discharge the Allentown JCC and their officers, directors, agents, employees, insurers, representatives, and tenants, and all others from any and all responsibilities or liability for injuries or damages resulting from my/our participation in any activities or functions or my/our use of equipment or machinery in the above mentioned facilities or arising out of my/our participation in any activities or functions at said facility. I/we do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself and any members of my family or guests, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my/our participation in any activities of the JCC of Allentown, parking and other facilities, equipment or machines.

\_\_\_\_\_(Initial) I do hereby further declare myself and the members of my family and guests to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my/our participation in any of the activities and programs of the JCC of Allentown or use of equipment or machinery except as hereafter stated. I/we do hereby acknowledge that I /we have been informed of the need for a physician's approval for my/our participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I/we acknowledge that I/we have either had a physical examination and have been given my/our physician's permission to participate, or that I/we have decided to participate in activity and/or use of equipment and machinery without the approval of my/our physician and do hereby assume all responsibility for my/our participation and activities, and utilization of equipment and machinery in my/our activities.

\_\_\_\_\_(Initial) I/we give my/our permission and consent to allow my/our family to be photographed, which can be used on the JCC of Allentown's website and in other promotional materials, publications and news stories.

**MEMBERSHIP AGREEMENT:**

The JCC of Allentown membership is a continuous membership plan. I/we understand that membership dues are non-refundable. I/we provide will written notice of my/our intent not to continue my/our membership at least 30 days prior to the date of expiration. Failure to pay in accordance with the terms of the contract will constitute a breach of contract. Penalties for breach of contract shall include but not be limited to any unpaid balance, incidental costs, and interest from the date of breach, and reasonable attorney's fees if applicable. All membership rates are subject to change with 30-days written notice. I/we understand that it is my/our responsibility to notify the JCC of Allentown of any changes in address, bank account information (if utilizing bank draft for payment of dues) or credit card information/expiration date (if utilizing credit card for payment of dues or program fees). The joining/enrollment fee is a one-time fee as long as I/we remain an active, in good standing member(s) of the JCC of Allentown.

I/we, the undersigned, hereby make application for membership to the JCC of Allentown. I/we agree to abide by its rules and bylaws.

Primary Member Signature \_\_\_\_\_ Secondary Member Signature \_\_\_\_\_

Dependent Signature (13 and older) \_\_\_\_\_ Dependent Signature (13 and older) \_\_\_\_\_