



Membership Application

Shaw JCC of Akron
750 White Pond Drive, Akron, OH 44320

Family Young Family Single Parent Family Single Adult Sr. Adult Couple Sr. Adult Student

Corporate Discount Company Name _____

Membership in Name of

Mr. Mrs. Miss Ms. Dr. First name _____ MI _____ Last Name _____

Sex _____M _____F Marital Status: Married Single **Date of Birth** _____

Address _____ City, Zip _____

Home Phone _____ Business Phone _____ Cell Phone _____

Email Address _____ Occupation _____

Employed By(Name/Address): _____

Voluntary Information: Jewish _____ Non-Jewish _____

Spouse

Mr. Mrs. Miss Ms. Dr. First name _____ MI _____ Last Name _____

Sex _____M _____F Marital Status: Married Single **Date of Birth** _____

Business Phone _____ Cell Phone _____ **Email Address** _____

Occupation _____ Employed By (Name/Address): _____

Voluntary Information: Jewish _____ Non-Jewish _____

In Case of Emergency

Name (other than spouse) _____ Phone _____

Dependent Children (must be under 23)

First Name	MI	Last name if different	Sex	Date of Birth	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PRIMARY REASONS FOR JOINING (PLEASE NUMBER TOP THREE CHOICES)

___ Fitness Center ___ Aquatics classes ___ Indoor Pool ___ Outdoor Pool ___ Group Exercise/Aerobics classes

___ Early Childhood (Daycare/Preschool) ___ School Age Child Care ___ Senior Adult programs ___ Adult Programs

___ Summer Camp ___ Youth Programs (K-8) ___ Teen Programs (9-12) ___ Sports Programs/Leagues ___ Family Programs

DID YOU TAKE A TOUR OF THE FACILITY BEFORE JOINING? Yes _____ No _____

HOW DID YOU HEAR ABOUT US? ___ Newspaper ___ Radio ___ Website ___ Friend/Relative

Referred by: _____

Completed by Staff Member: _____

MONTHLY PAYMENT PLAN OPTION – One Year Membership

I authorize the Shaw JCC of Akron to automatically debit my _____ **checking** _____ **savings account** (1st of each month)

_____ Account Number _____ Routing Number
at _____ in _____
Financial Institution City State

To automatically charge my _____ **Visa** _____ **Mastercard** _____ **Discover** (1st of each month)

_____ Name on Credit Card _____ Credit Card Number _____ Exp. Date 3 digit CID code

Charges to be debited monthly for membership are \$_____. Charges to be debited one time for optional services are \$_____. Charges will be debited each month, **and will automatically renew each year on my renewal date unless I give written cancellation notice 30 days prior to my renewal date.** There is no bank charge on monthly automatic payments.

REGISTRATION FEE \$_____ PRORATED MEMBERSHIP FEE \$_____ (New members only-must be paid in full upon joining)

This authorization is non-negotiable and non-transferable.

I understand that membership fees are subject to change one time on an annual basis and that the amount debited from my account will be adjusted accordingly. I also understand that if corrections in the debit amount are necessary, it may involve an automatic adjustment, credit OR debit, to my account. The Shaw JCC is not responsible for any charges my bank assesses due to honored EFTs that may create an overdraft on my account. I understand that it is my responsibility to notify the Shaw JCC in writing should I change my financial institution and/or account at any time.

_____ Member Name (please print) _____ Member Signature _____ Mem. # _____ Date

PAID IN FULL PAYMENT OPTION

I would like to pay my membership and/or towel and locker fees in full using the following option:

_____ **Check attached**

To automatically charge my _____ **Visa** _____ **Mastercard** _____ **Discover**

_____ Credit Card Number _____ Expiration Date _____ 3 digit CID code

_____ Name on Credit Card (please print) _____ Member Signature _____ Mem. # _____ Date

REGISTRATION FEE (if applicable) \$_____ PRORATED MEMBERSHIP FEE (if applicable) \$_____

TOWEL FEE \$_____ LOCKER FEE(S) \$_____

TOTAL MEMBERSHIP PAYMENT \$_____

I hereby apply for a 12-month membership to the Shaw JCC of Akron and agree to abide by its rules and by-laws. Membership dues are payable in advance if paid in full or through monthly automatic payments **which will automatically renew each year on my renewal date unless I give written cancellation notice to the Shaw JCC 30 days prior to my renewal date.** Membership dues are not transferable or refundable.

Participation in Shaw JCC of Akron clubs, classes, teams, athletic events & leagues, trips, camps, special events, & use of recreational facilities involves risk of accidental injury despite all safety precautions. Having been informed of activities to be conducted by Shaw JCC of Akron, I/We, as individual or as parent(s) of participant named herein, assume all risks and hazards incidental to programs and activities and release from responsibility and agree to indemnify and hold harmless Shaw JCC of Akron, its directors, officers, instructors, coaches, counselors, other employees, for any illness or injury to me/us or my/our children or family members occurring during his/her/our participation in clubs, classes, teams, athletic events, leagues, trips, camps, recreational activities, and special events at/or conducted by Shaw JCC of Akron.

The Shaw JCC of Akron reserves the right to revoke any membership in event of inappropriate behavior, failure to follow safety rules and/or disruptive behavior to Members or Staff.

_____ Signature _____ Date

_____ Signature _____ Date