

All Applicants must read and sign:

Emergency Contact Name _____
 Day Phone _____
 Evening Phone _____

INSURANCE: It is the responsibility of every individual, his/her parents or legal guardian to provide for his/her own accident and health coverage while participating in all Washington DCJCC activities. The Washington DCJCC does not provide any accident or health coverage for its member or guests. In the event that I or any of the above members become ill or involved in an accident and I cannot be contacted, I authorize the Washington DCJCC to bring any or all of the above members to the nearest emergency room for treatment. I accept responsibility for any necessary expense incurred in the medical treatment that is not covered by my own health insurance.

 SIGNATURE

Please list children in the household:

Name _____
 Birthdate _____ Grade _____
 Gender M/F _____ Currently in J Preschool Y/N _____

Name _____
 Birthdate _____ Grade _____
 Gender M/F _____ Currently in J Preschool Y/N _____

Name _____
 Birthdate _____ Grade _____
 Gender M/F _____ Currently in J Preschool Y/N _____

Name _____
 Birthdate _____ Grade _____
 Gender M/F _____ Currently in J Preschool Y/N _____

OFFICE USE ONLY

Received by _____
 Entered by _____
 Date entered _____
 Account # _____
 First Access card # _____
 Second Access card # _____

Membership application form

Today's Date _____

Name _____

Street Address _____ / Apt _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email _____

Employer Name _____

Date of Birth _____

Gender FEMALE MALE Household SINGLE COUPLE

Religion JEWISH CHRISTIAN MUSLIM OTHER (PLEASE SPECIFY) _____

How did you learn about the J? BROCHURE FRIEND ADVERTISEMENT GUEST PASS

GROUP OFFER CURRENT J MEMBER OTHER (PLEASE SPECIFY) _____

If you learned about the J from a current member, please supply his/her name:

At the J, we work hard to make your gym experience **easy.**

Second Adult

If interested in a family membership, please provide information for the second adult in the household, if applicable.

Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email _____

Employer Name _____

Date of Birth _____ Gender FEMALE MALE

Religion JEWISH CHRISTIAN MUSLIM OTHER (PLEASE SPECIFY) _____

1 You Pick Your Membership

Membership Options (select one from Fitness or Community)

Fitness

- Individual**
▶Month-to-Month Contract
 \$89/month
▶Annual Contract
 \$80/month (\$961/year)
▶Annual Contract Paid in Full
 \$908/year (save over \$150!)*
- Single Parent Family Fitness**
 (children under 18 included)
▶Month-to-Month Contract
 \$99/month
▶Annual Contract
 \$89/month (\$1069/year)
▶Annual Contract Paid in Full
 \$1010/year (save over \$175!)*
- Family Fitness**
 (children under 18 included)
▶Month-to-Month Contract
 \$142/month
▶Annual Contract
 \$128/month (\$1534/year)
▶Annual Contract Paid in Full
 \$1448/year (save over \$250!)*
- Commuter**
 (must be a full member of the JCC of Greater Washington or JCC of Northern Virginia)
 \$340/year

Please add \$100 for initiation fee and \$20 for Access card deposit.**

FITNESS TOTAL \$ _____

OR

Community

- Individual Community Membership**
 \$183/year
- Single Parent Family Community**
 (children under 18 included)
 \$230/year
- Family Community**
 \$329/year

COMMUNITY TOTAL \$ _____

2 You Pick Your Discounts

All members receiving discounts must show relevant group affiliation or senior/student, status.

(choose one)

Groups, seniors, young professionals, and off-peak users receive a 15% discount

- Group
- Senior
- Young Professional
- Off-peak user (Monday–Friday, 9:00 am–4:00 pm only)
- Full-time students receive a 35% discount

Fitness members have full unlimited access to all J facilities, over 30% discount to nearly all programs, and many other benefits. Community members receive discounts, membership benefits, and limited access to J fitness facilities.

3 We Calculate Your Total

Memberships are non-transferable and no refunds are granted for non-use of facilities.

\$ _____ **FITNESS** MONTHLY ANNUAL

\$ _____ **COMMUNITY**

- \$ _____ **DISCOUNT**
(IF APPLICABLE)

= \$ _____ **TOTAL**

FIRST MONTH'S PAYMENT*

\$ _____

ONGOING MONTH'S PAYMENT

\$ _____

* initiation fee and card deposit in first month.

4 You Tell Us How You Pay

Cash

Check payable to Washington DCJCC (If paying monthly, subsequent payments will be automatically debited; Please attach your voided check)

VISA MasterCard

American Express Discover

Full payment

Monthly payment
(fitness memberships only)

CARD NUMBER

EXPIRATION DATE

NAME AS IT APPEARS ON CARD

SIGNATURE

Secondary Credit Card (required payment alternative)

VISA MasterCard

American Express Discover

CARD NUMBER

3-DIGIT SEC CODE

EXPIRATION DATE

NAME AS IT APPEARS ON CARD

SIGNATURE



Washington DC Jewish Community Center

1529 16th Street NW, Washington, DC 20036

t. (202) 518-9400 • f. (202) 518-9420 • www.washingtondcjjcc.org

