



Today's Date _____

New Member Application *Please complete both sides. Thank you very much.*

Member Information

Name (First, M.I., Last) _____ / _____ / _____

Home Address _____ Phone (home) _____

City, State, Zip _____ Phone (work) _____

Date of Birth _____ / _____ / _____ Phone (cell) _____

Gender _____ E-mail _____

Emergency Contact

Name _____	Relation _____	Phone _____
------------	----------------	-------------

Do any members of your household consider themselves Jewish? Yes No

Do any of the members of your household affiliate with a synagogue? Yes No

If yes, which one? _____

Are any of your children enrolled in the JCC Preschool? Yes No

Did another JCC member/staff refer you? Yes No If yes, list name _____

Spouse/Partner/Roommate

Name (First, M.I., Last) _____ / _____ / _____

Gender _____ Date of Birth _____ / _____ / _____

Phone (home) _____ Phone (cell) _____

Phone (work) _____ E-mail _____

Other Household Members

Name _____
Gender _____ Date of Birth _____ / _____ / _____
E-mail _____

Name _____
Gender _____ Date of Birth _____ / _____ / _____
E-mail _____

Name _____
Gender _____ Date of Birth _____ / _____ / _____
E-mail _____

Name _____
Gender _____ Date of Birth _____ / _____ / _____
E-mail _____



Areas of Interest *Please check all that apply.*

- Pool(s)
- Weight Room
- Cardiovascular Equipment
- Aerobics/Dance Classes
- Yoga, Pilates, Tai Chi
- Personal Training
- Swim Lessons
- KidCare
- Therapeutic Programs
- Massage
- Cultural Arts
- Basketball
- Youth/Family Programs
- Jewish Life Programs
- Holiday Celebrations
- Camp
- Preschools

How did you hear about us? *Please check all that apply.*

- Received JCC mailer
- Social Media
 - Google
 - Facebook
 - Yelp
- TV
- Pacific Sun
- JCC Website
- Member/Friend referred (name) _____
- Past Member
- Another JCC Program _____
- Corporate Flyer
- JCC Eblast