

Schenectady JCC Membership Application

Please print clearly

Adult Member 1

First Name _____ Last Name _____
Gender _____ Date of Birth ____/____/____
Address _____ City/State/Zip Code _____
Home Phone (____) _____ Cell Phone (____) _____
Email Address _____
Employer _____ Occupation _____
Business Phone (____) _____
Emergency Contact Name _____ Relationship _____
Emergency Contact Phone (____) _____
Jewish: ☐ Yes ☐ No Synagogue: _____

Adult Member 2

First Name _____ Last Name _____
Gender _____ Date of Birth ____/____/____
Home Phone (____) _____ Cell Phone (____) _____
Email Address _____
Employer _____ Occupation _____
Business Phone (____) _____
Jewish: ☐ Yes ☐ No Synagogue: _____

Child(ren)

First Name	Last Name (if different from family name)	Gender	Birthdate

Emergency Contact/Phone _____ Relationship _____

How did you hear about Schenectady JCC? Please check all that apply.

☐ Friend ☐ SJCC website ☐ Other website ☐ Internet Search ☐ Doctor referral ☐ Place of employment
☐ Drive by/Live in the area ☐ Newspaper/magazine ☐ Yellow pages ☐ Other _____

Did a SJCC member refer you to us? ☐ No ☐ Yes; name _____

Check your reason(s) for joining Schenectady JCC. Please check all that apply.

<input type="checkbox"/> Pre-School	<input type="checkbox"/> After School Care	<input type="checkbox"/> Early Childhood Education	<input type="checkbox"/> Summer Camp
<input type="checkbox"/> Fitness Center	<input type="checkbox"/> Group Fitness Classes	<input type="checkbox"/> Indoor Cycling	<input type="checkbox"/> Indoor Pool
<input type="checkbox"/> Adult Sports Leagues	<input type="checkbox"/> Youth Sports Leagues	<input type="checkbox"/> JCC Maccabi Games	<input type="checkbox"/> Silver Sneakers™
<input type="checkbox"/> Senior Activities	<input type="checkbox"/> Jewish Programs	<input type="checkbox"/> Outdoor Pool & Tennis	<input type="checkbox"/> Other: _____

The Schenectady JCC has a policy of non-discrimination as it applies to, membership and provision of services in regard to age, creed, color, national origin, sexual orientation, military status, sex, marital status, disability, or any other protected classes as specified in Federal Law and New York State Human Rights Law.



Robert and Dorothy Ludwig

Schenectady JCC

GOLUB FAMILY CAMPUS

For you, your family and your community

2565 Balltown Road

Niskayuna, NY 12309

518-377-8803

www.schenectadyjcc.org

Membership (Credit/Debit In Parenthesis)

	Month to Month	Annual Indoor	Annual Complete (Indoor & Outdoor)	
<input type="checkbox"/> Family	\$97 (99.91)per month	\$88 (90.64)per month	\$130 (133.90)per month	_____
<input type="checkbox"/> Single Parent Family	\$76 (78.28)per month	\$68 (70.04)per month	\$97 (99.91)per month	_____
<input type="checkbox"/> Individual Adult	\$66 (67.98)per month	\$58 (59.74)per month	\$87 (89.61)per month	_____
<input type="checkbox"/> Adult Couple (up to 64)	\$81 (83.43)per month	\$73 (75.19)per month	\$107 (110.21)per month	_____
<input type="checkbox"/> Senior Couple (65 and over)	\$79 (81.37)per month	\$70 (72.10)per month	\$102 (105.06)per month	_____
<input type="checkbox"/> Senior Individual (65 and over)	\$58 (59.74)per month	\$51 (52.53)per month	\$73 (75.19)per month	_____
<input type="checkbox"/> Young Adult (under 30)	\$41 (42.23)per month	\$33 (33.99)per month	\$54 (55.62)per month	_____
<input type="checkbox"/> Silver Sneakers™	Insurance Based-----	\$0 per month	\$265(272.50)per season	_____
<input type="checkbox"/> Optum Fitness Advantage(Renew Active)	Insurance Based-----	\$0 per month	\$265(272.50)per season	_____
<input type="checkbox"/> FitOn	Insurance Based	N/A	\$265(272.50)per season	_____

Additional Options

<input type="checkbox"/> Basket Rental	\$30 per year	_____
<input type="checkbox"/> Locker Rental	\$90 per year	_____

Enrollment Fee

<input type="checkbox"/> Family, Adult, Senior, Young Adult	\$100	\$100	\$100	_____
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JCC Friend: \$100 or more tax deductible contribution in addition to your membership dues. Your gift will help subsidize SJCC services to those with limited income.

TOTAL _____

Payment

<input type="checkbox"/> Electronic Fund Transfer (please attach a voided check)	OR	<input type="checkbox"/> Credit Card (3% service fee added)
<input type="checkbox"/> monthly (\$20 off Enrollment Fee)		<input type="checkbox"/> monthly <input type="checkbox"/> annually
Bank Name _____		<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Routing # _____		Account # _____
Account # _____		Exp. Date _____ Security Code _____
		Cardholder Name _____

Please initial each box to signify you have read and understand the following:

- _____ Schenectady JCC membership is an annual or monthly commitment and is non-refundable. This membership will be automatically renewed for the same period, unless I/we provide 10 days written notice of cancellation.
- _____ Electronic Funds Transfer (EFT): I/we hereby authorize and request SJCC to initiate debit entries to my checking or savings account. I understand that funds will be withdrawn on a monthly basis on the 1st of each month. I/we authorize and request my/our bank to accept any debit entries initiated by SJCC and to debit the same to my/our account without liability for the correctness of the entries. All changes in my/our automatic withdrawals must be submitted to SJCC in writing at least 10 days in advance of the next scheduled withdrawal date. Notification to SJCC shall be effective upon receipt.
- _____ If you choose credit or debit card as your preferred payment method with the SJCC, you will be charged as an additional 3% service fee on each transaction. On your credit card statement, it will be listed as one transaction that reflects both the cost of the service purchased and the 3% service fee.
- _____ A one-time enrollment fee is required at joining. Members who cancel and subsequently rejoin will be subject to an additional enrollment fee.
- _____ Membership ID cards must be used to access the facility and are non-transferable. There is a \$10 charge to replace lost or stolen cards.
- _____ Guests are welcome to use the fitness facilities when accompanied by a SJCC member. Guest passes must be purchased in advance by member.
- _____ SJCC has the right to suspend or revoke membership privileges at any time for any reason.
- _____ Neither SJCC, nor its officers or employees shall be held liable for any injury to persons or damage to property which might be sustained by members, guests or other persons on Center premises. All persons, whether members or not, using any Center facility, assume all risks incidents to such use.
- _____ Membership and program balances 30 days overdue will be subject to a 1% finance charge per month on outstanding balances. All checks, bankcards/debits and EFTs returned for insufficient funds will be subject to \$25 fee.
- _____ Accounts with balances due in excess of 30 days will be prohibited for registering for future programs.
- _____ Any false statements made in this application will result in immediate suspension.
- _____ My signature below gives my permission for SJCC to use photographs/videos taken of me and my family at the facilities or engages in any SJCC programs.

I/we, the undersigned, hereby make application for membership in the Robert & Dorothy Ludwig JCC of Schenectady on the Golub Family Campus. I/we agree to abide by all Center rules and policies. I/we understand that fees are payable in full upon application, unless other arrangements are made. I/we understand that membership dues are subject to change each year and that I/we assume the financial responsibility of the membership dues. If this agreement is placed with an attorney for collection, I/we agree to pay all lawful costs of collection including a reasonable attorney fee.

Signature _____

Date _____

for office use only

intake _____ a/p _____ effective date ____/____/____ promotion _____ new_ renew_ change_ return_ _
1/5/24