

# 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"/> Other: _____
<input type="checkbox"/> Senior Activities	<input type="checkbox"/> Jewish Programs	<input type="checkbox"/> Outdoor Pool & Tennis	

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](http://www.schenectadyjcc.org)

**Membership  
(Credit/Debit In Parenthesis)**

	Month to Month	Annual Indoor	Annual Complete (Indoor & Outdoor)	
<input type="checkbox"/> Family	\$100 (103)per month	\$91 (93.73)per month	\$135 (139.05)per month	_____
<input type="checkbox"/> Single Parent Family	\$79 (81.37)per month	\$71 (73.13)per month	\$102 (105.06)per month	_____
<input type="checkbox"/> Individual Adult	\$69 (71.07)per month	\$61 (62.83)per month	\$92 (94.76)per month	_____
<input type="checkbox"/> Adult Couple (up to 64)	\$84 (86.52)per month	\$76 (78.28)per month	\$112 (115.36)per month	_____
<input type="checkbox"/> Senior Couple (65 and over)	\$82 (84.46)per month	\$73 (75.19)per month	\$107 (110.21)per month	_____
<input type="checkbox"/> Senior Individual (65 and over)	\$61 (62.83)per month	\$54 (55.62)per month	\$78 (80.34)per month	_____
<input type="checkbox"/> Young Adult (under 30)	\$43 (44.29)per month	\$35 (36.05)per month	\$58 (59.74)per month	_____

**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**

Electronic Fund Transfer (please attach a voided check)  
 monthly (\$20 off Enrollment Fee)

Bank Name \_\_\_\_\_  
Routing # \_\_\_\_\_  
Account # \_\_\_\_\_

OR

Credit Card (3% service fee added)

monthly  annually

MasterCard  Visa  Discover  AMEX

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 1<sup>st</sup> 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 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.

\_\_\_\_ Guest passes are required for all non-members entering the facility. All guests must be accompanied by a member at all times. The applicable guest fee must be paid at the time of the visit.

\_\_\_\_ 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 a \$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 an 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 \_\_\_\_\_