

William & Estelle Golub
Family Pool & Tennis Club

Membership Application
SECOND SESSION STARTING JULY 12th 2026

Adult Member 1

Please print clearly

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	Grade	School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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 _____



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.

Membership

(Credit/Debit In Parenthesis)

<input type="checkbox"/> Family	\$587(\$605)	_____
<input type="checkbox"/> Single Parent Family	\$452(\$466)	_____
<input type="checkbox"/> Adult Couple (30-64)	\$503(\$518)	_____
<input type="checkbox"/> Individual Adult	\$420(\$433)	_____
<input type="checkbox"/> Senior Couple (65 and over)	\$452(\$466)	_____
<input type="checkbox"/> Senior Individual (65 and over)	\$303(\$312)	_____
<input type="checkbox"/> Young Adult (under 30)	\$272(\$280)	_____
<input type="checkbox"/> Teen (ages 13-19)	\$129(\$133)	_____

SJCC 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) OR Credit Card (**3% service fee added**)

Bank Name _____ MasterCard Visa Discover AMEX

Routing # _____ Account # _____

Account # _____ Exp. Date _____ Security Code _____

Cardholder Name _____

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

- _____ I understand that my membership to the William & Estelle Golub Family Pool & Tennis Club begins on July 13, 2026.
- _____ I will follow all safety protocols of the William & Estelle Golub Family Pool & Tennis Club.
- _____ Membership dues for the summer to be paid in full upon registration.
- _____ 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.
- _____ 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 from 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 Schenectady JCC 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 _____