

William & Estelle Golub  
Family Pool & Tennis Club

Membership Application  
SUMMER 2026

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	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	\$896(\$923)	_____
<input type="checkbox"/> Single Parent Family	\$670(\$690)	_____
<input type="checkbox"/> Adult Couple (30-64)	\$773(\$796)	_____
<input type="checkbox"/> Individual Adult	\$644(\$663)	_____
<input type="checkbox"/> Senior Couple (65 and over)	\$670(\$690)	_____
<input type="checkbox"/> Senior Individual (65 and over)	\$465(\$479)	_____
<input type="checkbox"/> Young Adult (under 30)	\$413(\$425)	_____
<input type="checkbox"/> Teen (ages 13-19)	\$245(\$253)	_____

**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**

<input type="checkbox"/> Electronic Fund Transfer (please attach a voided check)	OR	<input type="checkbox"/> Credit Card ( <b>3% service fee added</b> )
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:**

- \_\_\_\_\_ 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 or 50% down with agreement to pay balance on or before 7/1/26.
- \_\_\_\_\_ 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 for registering from 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 \_\_\_\_\_