



# Membership Categories & Rates

5655 Thompson Rd. ■ DeWitt, NY 13214 ■ 315-234-4522 ■ www.jccsyr.org

Membership Code	Category	Description	Full-Facility	Non-Fitness	
			Rate	Rate	
			Annual/ Monthly	Annual/ Monthly	
<b>Family</b>	<b>A</b>	2-Parent Family	2 Adult Caregivers, Children & Dependent Students within a Single Household	\$764/\$67	\$400/\$36
<b>Family</b>	<b>B</b>	1-Parent Family	1 Adult Caregiver, Children, and Dependent Student(s)	\$550/\$49	\$298/\$28
<b>Family</b>	<b>C</b>	Individual Adult	1 Adult, Age 30+	\$475/\$43	\$260/\$25
<b>Individual</b>	<b>D</b>	Individual Young Adult	1 Adult, Age Under 30	\$320/\$30	N/A
<b>Individual</b>	<b>L</b>	Young Married Professional Couple*	2 Adults, Age Under 30	\$570/\$51	N/A
<b>Young Couple</b>	<b>M</b>	Married Couple One Dependent Student*	2 Adults, Age Under 30, One Being an Adult Student	\$470/\$42	N/A
<b>Young Couple</b>	<b>E</b>	Adult Couple	1 Adult Couple with No Children Living at Home	\$657/\$58	\$362/\$33
<b>Couple</b>	<b>F</b>	Dependent Student	1 Single, Full-time Student, age 14+, Financially Dependent on Parents	\$293/\$27	N/A
<b>Dependent Student</b>	<b>G</b>	Dependent Student per Semester	Same as Above, for Any 4 Consecutive Months	\$175/NA	N/A
<b>Senior Adult</b>	<b>H</b>	Senior Adult*	1 Adult, Age 60+	\$421/\$38	\$100/\$11
<b>Senior</b>	<b>I</b>	Senior Special*	1 Adult, Age 60+, 10AM & 7 to 9PM, Weekdays Only, for Full Fitness	\$229/\$22	N/A
<b>Senior</b>	<b>J</b>	Senior Snowbird*	1 Adult, Age 60+, living outside Onondaga County for More Than 6 months, 5-Month membership Can Be Activated between 4/15 - 5/31	\$208/20	N/A
<b>Senior</b>	<b>K</b>	Senior Couple*	2 Married Adults, one 60+	\$592/\$52	\$164/\$17

## MEMBERSHIP & CONTRIBUTIONS

<b>L</b>	<b>Mitzvah</b>	Monetary Contribution, Receives All JCC Publications, No Additional Benefits	Any Amount
<b>M</b>	<b>Silver</b>	Monetary Contribution in Addition to Any Membership	\$100
<b>N</b>	<b>Gold</b>	Monetary Contribution in Addition to Any Membership	\$200
<b>O</b>	<b>Platinum</b>	Monetary Contribution in Addition to Any Membership	\$300

## MEMBERSHIP & PREMIUM SERVICE

<b>P</b>	<b>Premium</b>	\$195/year/adult. Includes a personal locker. Does not apply to dependent student or senior categories. Limited availability.	\$195
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## ONE-TIME ENROLLMENT FEES (New and Lapsed Membership Only)

Full - Fitness members (Except Seniors & Students)	\$50	Non - Fitness members (Except Seniors & Students)	\$30
Full- Fitness Seniors & Students	\$25	Non - Fitness Seniors & Students	\$15

Membership Registration	Code	Amount
Full Facility (A-J)		
Contribution Membership (KN)		
Premium Service	P	
Enrollment Fee (if Applicable)		
Payment Plan Fee		
	<b>Total</b>	
MC/Visa #	Exp.	Check
Signature		Date

**In the spirit of Tzedakah, anyone, regardless of age, capable of paying for a full facility membership is encouraged to do so.**

\* \$25 Registration Fee

For Office Use Only	
Date:	
Mem. #	
Mem. Code	
Mem. Cat.	
Total Due	
Amt. Pd.	
Balance	
Payment Plan:	Y N

# JEWISH COMMUNITY CENTER

## JCC Membership Application

### MAIN INFORMATION

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Email \_\_\_\_\_

Marital Status    M    S    D    W

Optional Information (Will be used for statistical purposes only.)

Synagogue Affiliation \_\_\_\_\_

Not Affiliated

Not Applicable

### PRIMARY MEMBER

(Circle One) Mr. Mrs. Ms. Miss  
Dr.

First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Bus. Phone \_\_\_\_\_

Bus. E-mail \_\_\_\_\_

Bus. Fax \_\_\_\_\_

If Dependent Student (Must be full-time student):

School \_\_\_\_\_ Grade/Year \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

### MEMBER #2

(Circle One) Mr. Mrs. Ms. Miss  
Dr.

First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Bus. Phone \_\_\_\_\_

Bus. E-mail \_\_\_\_\_

Bus. Fax \_\_\_\_\_

If Dependent Student (Must be full-time student):

School \_\_\_\_\_ Grade/Year \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

### CHILDREN / DEPENDENT STUDENTS

First Name	Last Name	Sex	D.O.B.	School Grade/Yr.	Email
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

### ACCEPTANCE OF JCC OF SYRACUSE MEMBERSHIP (Must Be Signed and Dated)

I, the undersigned, for myself and all persons listed above, hereby affirm the following:

I am making application for membership in the Jewish Community Center of Syracuse. I agree to abide by its rules and bylaws. I understand that all members 18 years and older may participate in the Annual Meeting of the JCC.

I understand that membership dues are payable

in full at the time of joining or renewal, unless a payment plan has been approved in advance. A payment plan only specifies the manner in which payments will be made and does not reflect a month-to-month membership commitment. If paying with a payment plan, I authorize the JCC Family Sports and Fitness Center to automatically charge my credit card account for each consecutive month of the plan.

I understand that membership dues are automatically renewed each year unless I give notice in writing, and that membership is not transferable.

I understand that membership dues are non-refundable.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

# BECOME A MEMBER OF THE JCC

## Mission

The mission of the Membership Department is to develop and maintain relationships with current and prospective JCC members. The department shall work to strengthen the Center through member participation and support by providing individual service; frequent interaction; and an accountable feedback loop.

## Membership

The JCC offers a variety of flexible membership options to the community. Members enjoy use of the Center, the outdoor heated pool, access to the fitness facilities, and program exclusives and discounts. Benefits vary according to membership category and level, see the charts below for details.

You do not have to be Jewish to be a member of the JCC. Please enroll today using the membership application here. JCC memberships are contracted for one calendar year at a time (some exceptions apply) and are automatically renewed annually unless membership is cancelled before the renewal date. Monthly payment plans are available - no refunds, please.

JCC MEMBER BENEFITS	Full-Facility	Non-Fitness	Non-Member
	(FF)	(NF)	
Member Rates on Programs & Svcs.	●	●	
Pool Membership	●	●	
Fitness Center	●		
Basic Fitness Classes	●	○	○
Mind / Body Classes	○	○	○
Personal Training	○	○	○
Teen Training	●	○	
Massage	○	○	○
Nutritionist	○	○	○
Special Fitness Packages	○	○	○
Indoor Track	●		
Towel Service	●		
Member Reciprocity	●	●	
Open Gym & Leagues	●	○	○
Campus Play Grounds & Courts	●	●	●
Rock Climbing	●	○	○
Senior Lunch Program	○	○	○
Neighborhood Advisor	●	●	●
Access to ECDP (Early Childhood Development Program)	●	●	
Space Rental	○	○	○

● included with membership

○ additional fees or restrictions may apply

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# JEWISH COMMUNITY CENTER

## Class Registration & Emergency Authorization

### MAIN INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E Mail: \_\_\_\_\_

### CLASS REGISTRATION

Name	Class	Day(s)	Time	Fee
1.				
2.				
3.				
4.				

Form of Payment:  Cash  Check  Charge Total Enclosed: \$ \_\_\_\_\_

Visa/MC #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ JCC Member?  YES  NO

**IMPORTANT: PLEASE READ AND SIGN WHERE APPROPRIATE**

The JCC must have a current Authorization for Medical Treatment of Minors on file for each participant in its programs.

### EMERGENCY INFORMATION

I hereby appoint the appropriate JCC staff members to act on my behalf in authorizing unexpected medical, dental, or surgical care and/or hospitalization for the below named minor(s) during the period of September 8, 2011 through June 30, 2012 in the event of my unavailability.

Name	Date of Birth	Allergies/Special Conditions
1.		
2.		
3.		
4.		

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Medical/Dental/Hospitalization Coverage for Named Minor (s) \_\_\_\_\_

Insurance Company/Government Program: \_\_\_\_\_

ID/Contact/Group #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

### RELEASE FOR ADULT PARTICIPATION IN ATHLETIC/RECREATION PROGRAM

I recognize that participating in an athletic event has certain inherent risks for which the Jewish Community Center of Syracuse, Inc. is not liable. I hereby, for myself, executors, and administrators, waive and release any and all claims for damage I may seek against the JCC or places used by the JCC in conjunction with this athletic/recreation event, for any and all injuries suffered by me in connection with participation in this athletic/recreation event.

I also recognize that medical expenses I may incur in connection with participation in this athletic/recreation event are my own responsibility. I hereby appoint the appropriate JCC staff member to act in my behalf in authorizing unexpected medical, dental, surgical care and or hospitalization should I be unable to do so. I have read the proceeding paragraphs as acknowledged by my signature below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_