MEMBER ID#_____

MEMBERSHIP APPLICATION

(PLEASE COMPLETE BOTH SIDES OF APPLICATION)

GENERAL MEMBERSHIP INFORMATION

LAST NAME: _____

FIRST NAME:_____PHONE # _____

D O B : _ _ / _ _ / _ _ _ _ GENDER: M____ F_____Other:_____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

E-MAI:L_____

MARITAL STATUS

- ☐ MARRIED
- ☐ SINGLE
- ☐ DIVORCED
- ☐ WIDOWED
- ☐ SEPARATED

MEMBERSHIP CATEGORY

- ☐ **FAMILY**
- ☐ **MARRIED COUPLE**
- ☐ **INDIVIDUAL ADULT**
- ☐ **YOUNG ADULT**
- ☐ **ZEHUT TEEN**
- ☐ **SENIOR ADULT**
- ☐ **SENIOR COUPLE**
- ☐ **CHILDREN**

For membership rates and categories please refer to the back of the application.

FAMILY INFORMATION

SPOUSE'S NAME _____**GENDER** _____M____F DATE OF BIRTH ____/____/____

CHILDREN (UNDER 16 LIVING IN SAME HOUSEHOLD)* *please note that up to 3 children may be registered under a Family Membership, additional fees will apply for additional children*

FULL NAME _____ GENDER ____ DATE OF BIRTH __/__/__ GRADE _____

FULL NAME _____ GENDER ____ DATE OF BIRTH __/__/__ GRADE _____

FULL NAME _____GENDER ____ DATE OF BIRTH __/__/__ GRADE _____

FULL NAME _____GENDER ____ DATE OF BIRTH __/__/__ GRADE _____

EMERGENCY CONTACT

PLEASE IDENTIFY PEOPLE WE MAY CONTACT IN CASE OF AN EMERGENCY

1. NAME _____ RELATIONSHIP _____
   PHONE # _____

2. NAME _____ RELATIONSHIP_____
   Phone # _____

OVER ☞

7802 BAY PARKWAY, BROOKLYN, NY 11214 TEL. 1 (718) 331-6800 FAX 1 (718) 232-8461

PLEASE CHECK OFF PROGRAMS YOU MAY BE INTERESTED IN

- ☐ Early Childhood Center
- ☐ Youth Classes
- ☐ Afterschool Care
- ☐ Programs for Youth with Disabilities
- ☐ Teen Activities
- ☐ Summer Day Camp & Overnight Camp B'Yachad
- ☐ Swim Academy/Private Swim Lessons
- ☐ Mental Health Supportive Services
- ☐ Jewish Family Life
- ☐ Ukraine Crisis Relief
- ☐ Women's Center
- ☐ Adult Literacy
- ☐ Job Readiness & Placement
- ☐ ESOL Classes
- ☐ Senior Center

PLEASE COMPLETE SO THAT WE MAY BETTER SERVE YOU.

How did you learn about the Marks JCH?

- ☐ Word of Mouth (friend, relative, or neighbor)
- ☐ Existing Member
- ☐ Social Media (Facebook, Instagram, etc.)
- ☐ Email Newsletter
- ☐ Online Search
- ☐ Event/Workshop
- ☐ Agency Referral/Community Organization
- ☐ Other _____

Have you previously been a member of the Marks JCH?

- ☐ Yes
- ☐ No

Are you new to the Bensonhurst Community?

- ☐ Yes
- ☐ No

CATEGORIES	12 Months Fee	6 Months Fee	DESCRIPTION
FAMILY*	$715	$435	Parents with up to 3 unmarried, dependent children up to 16th birthday living in the same household, additional children will be subject to additional fees
MARRIED COUPLE	$595	$380	Married Couple Under 60 years of age, does not include children
INDIVIDUAL ADULTS	$435	$275	Ages 30-59
YOUNG ADULTS	$325	$200	Ages 17-29
ZEHUT TEEN	$275	$165	Teens Ages 13-18
SENIOR ADULT (Single)	$235	$155	Ages 60+
SENIOR ADULT (Couple)	$345	$220	Married Couple Ages 60+
CHILDREN'S MEMBERSHIP	$185	N/A	Ages up to 12

I/We, the undersigned, hereby apply to the Marks JCH of Bensonhurst. I/We understand that membership shall be subject to the by-laws and operation policies of the Marks JCH and agree to abide by them. I/We understand that membership is not transferable and membership dues are not refundable. The Marks JCH reserves the right to use all pictures taken for publicity purposes. All first time registrations require an additional $35 administrative fee. This fee also applies with 3 months or greater lapse in membership. I/We understand that any sports, fitness & aquatics programs, including the use of strength, flexibility and aerobic equipment, is a potentially hazardous activity. I/We agree that I/We, as a participant, accept such risk and voluntarily engage in the Marks JCH sports, fitness & aquatics programs. In doing so, I/We understand that the release which I/We am giving relates to any and all physical injury which may be incurred as a result of my/our participation in the Marks JCH sports, fitness & aquatics programs. I/We have received a Membership Guide and have familiarized myself with the rules and regulations of the Marks JCH.

APPLICANT SIGNATURE _____ DATE ____/____/_____

PARENT/GUARDIAN SIGNATURE (IF APPLICANT IS UNDER 18 YEARS OLD) _____ DATE ____/____/_____

OFFICIAL USE ONLY

DATE ___/___/___ FEE _____ AMT. PAID _____ BALANCE _____ RECEIPT # _____

TAKEN BY _____ EXPIRATION DATE : _____