



MITTLEMAN JEWISH COMMUNITY CENTER

6651 SW Capitol Highway, Portland, OR 97219
P: 503.244.0111 F: 503.245.4233 www.oregonjcc.org

Membership Application

Please fill out this form completely. Thank you.

Full Name: 1) _____ D.O.B: ___/___/___ Full Name: 2) _____ D.O.B: ___/___/___

Full Name: 3) _____ D.O.B: ___/___/___ Full Name: 4) _____ D.O.B: ___/___/___

Full Name: 5) _____ D.O.B: ___/___/___ Full Name: 6) _____ D.O.B: ___/___/___

Address: _____ City _____ ST _____ Zip _____

E-mail Address #1: _____ Drivers License #: _____

E-mail Address #2: _____ Employer _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact: _____ Phone #: _____

Doctor's Name: _____ Phone #: _____

Medical Conditions & Allergies: _____

Use of any recreational facility and participation in any activity involves a risk of accidental injury despite all safety precautions. Having been informed of the activities to be conducted by the Mittleman Jewish Community Center and/or Portland Jewish Academy I/we, as an individual or as a parent or guardian of the participants named herein, assume all risks and hazards incidental to the activities, and release from responsibility and all liability, claims, costs, and damages including attorney fees and costs and agree to indemnify and hold harmless the Mittleman Jewish Community Center and/or Portland Jewish Academy, their officers, directors, independent contractors, volunteers, and all employees for any illness, injury or damage to me or my children, or my family members occurring during the use of any recreational facility or the participation in any activities conducted by the MJCC.

I understand that membership is for a minimum one (1) year term of 12 consecutive months. If I cancel my membership during that time, I agree to pay the full year of membership. Membership rates are subject to change. If I elect to pay the full year in one payment, the MJCC will send a bill at the end of the 12 month membership. If I elect monthly billing, the MJCC will continue to charge my credit card or bank account until I give written notice of cancellation. (See back of sheet for payment options.)

I understand that if I am presently under a doctor's care that I have received his/her permission to exercise or participate in a workout program at the Mittleman Jewish Community Center. ALL ADULT MEMBERS MUST SIGN BEFORE USING FACILITY.

By signing this form, I give the MJCC permission to list my name as a member of the Center and use my photograph in printed and web-based material. Minors will not be identified in photos by name.

Initial here if you do not wish your name to be printed _____ Initial here if you do not wish your photo to be printed _____

Membership Category: _____ Membership Start Date: _____

How did you learn about the MJCC?

- Friend Website Postcard Family Ad in Jewish Review

Email Preferences. Members are automatically subscribed to our weekly "What's Happening" member email. Please initial here to opt out of receiving email from the MJCC. Please check all newsletters you wish to receive. Member Information Community Information Aquatics Fitness Basketball/Gymnasium Rock Climbing Indoor Soccer Volleyball Stingrays Swim Team Kids Activities/Camps Family Events Cultural Events Jewish Focus

Referred by: _____

Signature 1: _____ Date: _____ Form of Identification: _____ Verified By: _____

Signature 2: _____ Date: _____ Form of Identification: _____ Verified By: _____

Received: _____ Paid: _____ Processed: _____ Date Checked: _____ Filed: _____

Payment Form

Full Name: _____ Home Phone: _____

Payment Options

- MONTHLY (1 year minimum term)
 - Automatic Monthly Credit Card Charge (fill out authorization below)
 - Automatic Monthly Funds Transfer (fill out authorization below - voided check needed)
 - Locker Rental: I would like to add \$9 to my monthly charge to rent one locker

Monthly Authorizations

AUTOMATIC CREDIT CARD CHARGE

I authorize Mittleman Jewish Community Center (MJCC) to charge my credit card account to pay the outstanding balance on my MJCC account on approximately the 1st of each month, commencing ____/01/20__.

This authorization is to remain in effect until I provide written notification. I understand that I have the right to cancel this authorization by giving written notice to MJCC 10 business days prior to the 1st of the month in which I want this authority rescinded. However, cancelling this authorization does not relieve me of any amount remaining on my one-year minimum membership.

Mastercard VISA American Express

Credit Card #: _____

Exp. Date: _____

Signature: _____

Date: _____

AUTOMATIC FUNDS TRANSFER

I authorize Mittleman Jewish Community Center (MJCC) to transfer funds from my checking account to pay the outstanding balance on my MJCC account on approximately the 1st of each month, commencing ____/01/20__.

I authorize the financial institution identified below, to accept these charges to my account. This authorization is to remain in effect until the MJCC has received written notification. I understand that I have the right to cancel this authorization by giving written notice to MJCC 10 business days prior to the 1st of the month in which I want this authority rescinded. However, cancelling this authorization does not relieve me of any amount remaining on my one-year minimum membership

Bank/Financial Institution: _____

ABA#: _____

Account #: _____

Account Name: _____

Signature: _____ Date: _____

Contribution

- Please add \$_____ to my monthly deduction as a tax deductible contribution.
- I have enclosed an additional \$_____ as a tax deductible contribution.