

Membership Agreement:

I/We, the undersigned, hereby apply for membership at the Katie & Irwin Kahn Jewish Community Center and agree to the following:

Please initial beside each statement indicating your understanding:

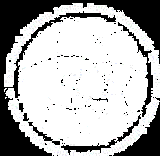
- _____ I/We agree to abide by all the JCC rules and regulations which are subject to change.
- _____ I/We understand that this membership agreement is a one-year contract.
- _____ I/We understand that membership will automatically renew unless written resignation, to the Membership Director, is received 30 days prior to renewal date.
- _____ I/We understand that memberships are non-transferable.
- _____ I/We understand that initiation fees and membership fees are non-refundable.
- _____ I/We understand that I/We will be assessed a service charge of \$25.00 in the event any payment to the Katie & Irwin Kahn Jewish Community Center is declined.
- _____ Failure to keep account current could result in credit reporting.
- _____ I/We give permission for my/our image to be used in JCC printed, video and website publications.
- _____ In consideration of being permitted to participate in JCC activities and to use the facilities and equipment, I/We accept all risk to my (and my family's) health and of any injury or death that may result from such participation and I/We hereby release the JCC, its board of directors, officers, employees and representatives from any and all liability for any and all claims and causes of action for loss of or damage to my/and my family's property and for any and all illness or injury to my person (or to my family member), including death, that may result from or occur during participation in a JCC activity.

I, THE UNDERSIGNED, HAVE READ THIS AGREEMENT AND HEREBY MAKE APPLICATION FOR MEMBERSHIP AT THE KATIE & IRWIN KAHN JEWISH COMMUNITY CENTER. I AGREE TO ABIDE BY ITS RULES AND BY-LAWS. I UNDERSTAND THAT MEMBERSHIP IS ON AN ANNUAL BASIS, NON-TRANSFERRABLE, AND THAT DUES ARE NON-REFUNDABLE.

DATE _____

APPLICANTS SIGNATURE _____

Katie & Irwin Kahn JCC
 306 Flora Drive ~ PO Box 23257
 Columbia, SC 29223
 (t) 803.787.2023 (f) 803.462.1337
www.jcccolumbia.org



Office use only
Last Name: _____
Join Date: _____
Category: _____
Staff Initials: _____

Membership Application

Main Member:

(Adult 1) Suffix: Mr. Mrs. Ms. Dr. Rabbi **Gender:** Male Female

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Drivers License #: _____ Date of Birth: _____

Marital Status: Single Married Widowed Email: _____

Occupation: _____ Business Name: _____

Business Address: _____ City: _____

State: _____ Zip: _____ Business Phone: _____

Spouse/Partner:

(Adult 2) Suffix: Mr. Mrs. Ms. Dr. Rabbi **Gender:** Male Female

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Drivers License #: _____ Date of Birth: _____

Marital Status: Single Married Widowed Email: _____

Occupation: _____ Business Name: _____

Business Address: _____ City: _____

State: _____ Zip: _____ Business Phone: _____

