



775 Talamini Road, Bridgewater, NJ 08807

Phone: (908) 725-6994 • Fax: (908) 725-9753 • Website: [www.ssbjcc.org](http://www.ssbjcc.org)  
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# JCC MEMBERSHIP APPLICATION

JCC Memberships run for 12 months from date of registration

Tour Date: \_\_\_/\_\_\_/\_\_\_ Toured by: \_\_\_\_\_ Join Date: \_\_\_/\_\_\_/\_\_\_ Staff Initials: \_\_\_

**LET US GET TO KNOW YOU.....**

## Member 1

## Member 2

Check One: Male Female

Check one: Male Female

Check One: Dr. Mr. Mrs. Ms.

Check One: Dr. Mr. Mrs. Ms.

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

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

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

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

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

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

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_

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

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

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

House of Worship: \_\_\_\_\_

## Employment Information

Member #1

Member #2

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

## Children Info - All information must be filled out at time of registration

Name: \_\_\_\_\_

Male Female DOB: \_\_\_\_\_

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

Name: \_\_\_\_\_

Male Female DOB: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_

Male Female DOB: \_\_\_\_\_

E-Mail: \_\_\_\_\_



Shimon and Sara Birnbaum  
Jewish Community Center

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## **JCC MEMBERSHIP APPLICATION**

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### **PROGRAM AREAS OF INTEREST:**

<b>Aquatics:</b>	<b>Fitness Ctr:</b>	<b>Preschool:</b>
<b>Summer Camp:</b>	<b>Adults/Seniors:</b>	<b>Youth/Teen:</b>

### **HOW DID YOU HEAR ABOUT US:**

<b>Through a friend</b>	<b>Direct Mail</b>	<b>The Speaker</b>
<b>Community Newspaper</b>	<b>JCC Website</b>	<b>Facebook/Twitter</b>

**Did one of our loyal members refer you?**

**Name of Member:** \_\_\_\_\_

**\*Ask us about our JCC Referral Discount Program\***

### **PAYMENT INFORMATION**

**Membership Type: JCC Star    JCC Basic    Memb. Category**

**Fox Hollow Golf Membership add on \$72**

**Payment Method: Check    Visa/MC/AMEX    Cash**

**CC#** \_\_\_\_\_ **Exp Date** \_\_\_\_\_

**Amount Enclosed:** \_\_\_\_\_

**Name as it appears on card:** \_\_\_\_\_  
**(Please print clearly)**

**Signature:** \_\_\_\_\_

**I agree to allow the JCC to use photos of my family members for promotional purposes:**  
**YES\_\_ or NO\_\_**

**The JCC Insurance Policy is secondary to your family insurance policy.**

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