

# MEMBERSHIP APPLICATION

JEWISH COMMUNITY ASSOCIATION OF AUSTIN  
7300 Hart Lane • Austin, TX 78731 • Phone: (512) 735-8026 • Fax: (512) 735-8201

## MEMBERSHIP TYPE

Organization's name: \_\_\_\_\_  
Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Select one of the following Corporate Employee Discount Program membership options:

Teen individual (Age 13-18) \$20/mo.       Family \$65/mo.

### Payment Information

Monthly Billing by Bank Draft. Please attach a voided check and a check for the first month's dues. Monthly drafts are performed on the first business day of each month.

Monthly Billing by Credit/Debit Card. Please provide your card information below. Monthly charges are performed on the first business day of each month.

### Credit Card Information:

MasterCard    Visa    American Express

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on card: \_\_\_\_\_ Security Code: \_\_\_\_\_

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

### Membership Terms and Conditions

#### Initial

#### Terms

- \_\_\_\_\_ I understand that the JCAA membership is a 6-month commitment.
- \_\_\_\_\_ I understand that if I wish to cancel my membership, I must give the JCAA written notice (may be delivered in person, by postal mail, or by email) 30 days prior to my next billing date.
- \_\_\_\_\_ I understand that membership dues are adjusted every January based on the Consumer Price Index (CPI).
- \_\_\_\_\_ I will contact Member Services (735-8026) to set up a tour and receive membership materials.

### Release

I agree to abide by the rules and policies of the Dell Jewish Community Campus and of the Jewish Community Association of Austin (JCAA), as those rules and policies are presented in my Membership Manual. I understand that my membership is non-transferable to other families and that membership fees are non-refundable. I am aware that my membership is valid at Jewish Community Centers in other cities, according to the rules of each center. I am fully competent to sign this Agreement. In consideration of being permitted to participate in JCAA activities and to use the facilities and equipment, I hereby accept all risk to my health (and the health of my family members) and of any injury or death that may result from such participation and I hereby release the JCAA, its governing board, officers, employees, and representatives, from any and all liability to myself, my personal representatives, estate, heirs, next of kin, and assign 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, including death, that may result from or occur during participation in a JCAA activity, whether caused by negligence of the JCAA, its governing board, officers, employees, representatives, or otherwise. I further agree to indemnify and hold harmless the JCAA and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in any activity.

I have carefully read this agreement and understand it to be a release of all claims and causes of action for participant's injury or death, or damage to participant's property that occurs while participation in the described activity. I understand that this agreement obligates me to indemnify the parties names for any liability for injury or death of any person and damage to property caused by participants negligent or intentional act or omission

I understand that JCAA photographers may be present on campus at any time and event or program, and that those photographers may take photos of me and/or my family for marketing purposes. I understand that it is my responsibility to notify the photographer if photos of my family or myself should not be used for JCAA marketing purposes.

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

# APPLICANT PERSONAL INFORMATION

## PRIMARY APPLICANT

Mr.  Mrs.  Ms.  Miss  Dr.  Other: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nickname(s): \_\_\_\_\_ Alternate last names (e.g., maiden name): \_\_\_\_\_

Have you been a JCAA member before?  Y  N DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital status:  Married  Partnered  Single E-mail Address: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Business Address: \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Send mail to:  Home Address  Business Address

I am a newcomer to Austin.  Yes  No

AFFILIATION\*:  Jewish & unaffiliated  
 Jewish and affiliated Congregation/Synagogue: \_\_\_\_\_  
 Not Jewish  Prefer not to answer

## SECONDARY APPLICANT

Mr.  Mrs.  Ms.  Miss  Dr.  Other: \_\_\_\_\_

Relationship to Primary Applicant: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nickname(s): \_\_\_\_\_ Alternate last names (e.g., maiden name): \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

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

Business Address: \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

AFFILIATION\*:  Jewish & unaffiliated  
 Jewish and affiliated Congregation/Synagogue: \_\_\_\_\_  
 Not Jewish  Prefer not to answer

## CHILDREN

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Sex:  M  F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Sex:  M  F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Sex:  M  F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

4. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Sex:  M  F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

## EMERGENCY CONTACTS

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

2. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

## ADDITIONAL INFORMATION

Please list any special medical conditions of the applicant, spouse, partner, and/or children of which we should be aware. You may also use this space to tell us anything else you would like for us to know about yourself and/or your family. \_\_\_\_\_

\*Providing information on religious affiliation is optional; it will be used for statistical purposes. The JCAA is open to EVERYONE, regardless of race, gender, sexual orientation, or religious preference.