

# Come Home to Asheville's Jewish Neighborhood Become a JCC Member Today!

Asheville Jewish Community Center Membership Application:  
12 month rolling year beginning: \_\_\_\_\_

Adult Name (1) \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

Occupation/Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Adult Name (2) \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

Occupation/Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Marital Status:  Married  Domestic Partnership  Single  Divorced  Widow

Dependents: *Please list individually*

| First Name | Last Name | Grade | DOB |
|------------|-----------|-------|-----|
|------------|-----------|-------|-----|

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Affiliation information is voluntary and is for statistical purposes only:

Are you a member of:

Congregation Beth HaTephila  Congregation Beth Israel  Chabad  JSCA

Is anyone in your household Jewish?  Yes  No

Is your household "interfaith" (*Jewish & other*)?  Yes  No

## Membership Agreement

I, the undersigned, hereby make application for membership to the Asheville Jewish Community Center for one membership year. I agree to abide by the rules and bylaws. I understand the membership is on an annual basis, payable in advance, and is neither transferable nor refundable.

## Hold Harmless Agreement

Participation in any Asheville JCC activities and use of recreational facilities involves a risk of accidental injury despite all safety precautions. Having been informed of the activity to be conducted by the Asheville JCC, I/we as an individual or as a parent/ guardian of the participant named above, assume all risks and hazards incidental to the activities and release from responsibility and agree to indemnify and hold harmless the Asheville JCC, its officers, directors, independent contractors, volunteers, and employees for any illness or injury to me, my children or family members occurring during participation in any activities at, or off site conducted by, the Asheville JCC.

*I have read the above agreements and enclosed JCC policies and I understand and agree to the Asheville JCC's Membership and Hold Harmless agreements and all other state obligations.*

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

I would like to receive the Annual Meeting Notice and Agenda by email

I would like to receive my "Happenings" by email

## Select Membership Type

Adult JCC Membership - \$75.00 \_\_\_\_\_ x \$75.00 \_\_\_\_\_

Youth JCC Membership (18 and under) - \$50.00 \_\_\_\_\_ x \$50.00 \_\_\_\_\_

Name of JCC Member Who Referred You: \_\_\_\_\_

## Payment Information

Membership Payment (*Total from above*) \$ \_\_\_\_\_

100% Tax Deductible Donation to JCC Annual Fund \$ \_\_\_\_\_

*Children's scholarships, teen leadership development, Jewish educational and cultural programming*

**Total Payment \$ \_\_\_\_\_**

Payment by check is enclosed. Check payable to the Asheville JCC.  
236 Charlotte St., Asheville, NC 28801

Please charge one payment of \$ \_\_\_\_\_ to my credit card.

Visa  MasterCard  American Express  Discover

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

For Office Use Only

Date Received: \_\_\_\_\_

\_\_\_ MA \_\_\_ TG \_\_\_ LG \_\_\_ SW \_\_\_ RR