



Membership Application

Bergen County Y, a Jewish Community Center
605 Pascack Road, Washington Township, N.J. 07676
(201) 666-6610

PLEASE PRINT

FAMILY INFORMATION

MARITAL STATUS: Married Single Divorced Widowed Separated

Adult 1 - Name _____ Date of Birth ____/____/____

Adult 2 - Name _____ Date of Birth ____/____/____

Street _____

City _____ State _____ Zip _____

Home Telephone (____) _____

In case of emergency, please notify: _____

Telephone (____) _____ Relationship _____

ADULT 1 INFORMATION

Mr. Mrs. Miss Ms. Dr.

Name _____

Occupation _____

Firm Name _____

Business Address _____

City/State/Zip _____

Business Telephone (____) _____

Cell (____) _____

ADULT 2 INFORMATION

Mr. Mrs. Miss Ms. Dr.

Name _____

Occupation _____

Firm Name _____

Business Address _____

City/State/Zip _____

Business Telephone (____) _____

Cell (____) _____

CHILDREN (Unmarried, under age 25, living at home)

First Name	Middle Initial	Last Name (If different from family name)	Sex M or F	Birthdate Month/Day/Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FOR OFFICE USE:

Acct. No. _____

Memb. Category _____

Total Due _____

Amount Paid _____

Balance _____

Date _____

Rec. _____



I understand that certain YJCC activities and programs and the use of equipment, including but not limited to health, fitness and recreation activities and equipment, are potentially hazardous. I acknowledge that I am voluntarily participating in these activities and using equipment with knowledge of the dangers involved. I hereby agree to assume and accept all risks. I hereby waive, release and forever discharge the Bergen County Y, a Jewish Community Center and its officers, agents, employees, representatives and successors from any and all liability from injuries or damages resulting therefrom.

I/We, the undersigned, hereby make application for membership in the Bergen County Y, a Jewish Community Center. I/We agree to abide by its rules and By-Laws. I/We understand that membership is on a yearly basis, payable in advance, not transferable and that dues are not refundable. I/We acknowledge my/our obligation to pledge to the Building Fund.

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

Please include your check made payable to Bergen County Y, a JCC.

MEMBERSHIP CATEGORY

(Check One)

FULL PRIVILEGE MEMBERSHIPS

- Family
- Young Family
- One Parent Family
- Adult Age 25+
- Young Adult 18-24

YJCC CLUB MEMBERSHIPS

- Club Couple
- Club Individual 18+
- Club Family Advantage

LIMITED PRIVILEGE MEMBERSHIPS

- Golden Senior Couple
- Golden Senior Individual
- Silver Senior Couple
- Silver Senior Individual