



Membership Contract

Levite Jewish Community Center

18% off Summer Promo, Ends May 12th 2021

By my signature below, I am committing to a 12-Month J-Elite Membership Contract with the Levite Jewish Community Center. By signing this contract by May 12th, I am receiving 18% off of my J-Elite monthly dues for the entirety of the 12 months. This discount is valid for an Elite Membership only.

I understand and agree to the following provisions:

- I will be drafted the agreed upon amount on the first of the month.
- I may not cancel **or** level down during the course of this contract without agreeing to pay the remainder of the fees associated with the 12 month contract.
- I will keep an updated credit card or EFT on file with the LJCC for billing purposes and ensure that funds are available for draft on the payment due date. Failure to keep payment information current does not relieve me from full payment under this contract.
- The provisions of this contract relative to Membership Term and cancellation requirement supersede the provisions of the Contract and Agreement within the LJCC Membership Application.
- I agree to adhere to policies and guidelines set by the LJCC and that are written in the member handbook.

Primary Member Printed Name: _____

Signature: _____

Date: _____

Employee Use only: _____



Welcome to the Levite JCC! Membership Application

Staff Use Only
Member ID # _____

Please Print Clearly

Primary Member:

Title: _____ First Name: _____ MI: _____ Last Name: _____ Preferred Name _____

Date of Birth: ___/___/____ Marital Status: Married Single Other

New to the area: Yes No Select one: Jewish Non-Jewish

Home Address: _____ City: _____

State: _____ Zip: _____ County: _____ Primary Phone: _____

E-Mail: _____ Employer & Occupation: _____

Secondary Member:

Title: _____ First Name: _____ MI: _____ Last Name: _____ Preferred Name _____

Date of Birth: ___/___/____ Select one: Jewish Non-Jewish Cell Phone: _____

E-Mail: _____ Employer & Occupation: _____

Emergency contact for the family(name/phone#):

Children in the Household 26 and under:	SEX	DOB
Full Name: _____	M F O	_____
Full Name: _____	M F O	_____
Full Name: _____	M F O	_____
Full Name: _____	M F O	_____

Referred by: _____

No one is denied membership because of an inability to pay full dues.

Areas of Interest (circle all that apply):

Swim Lessons	Group Fitness Classes
Summer Swim Team	Boutique Classes
Aquatics	Personal Training
Youth Sports	Fitness for Seniors
Social Activities	Virtual Fitness Class
Tennis	Wellness Clinics
Pickle Ball	Stretching
Summer Camp	Indoor Track
Early Learning Center	

Did you take a tour of the J within past 12 months?

Yes No


For Office Use Only 1 2 3 4

18% off 12 month Membership Term. No enrollment fee. Valid on Elite Membership only. Contract attached.

Bar code # 1 _____ Bar code # 2 _____ Bar code # 3 _____

Bar code # 4 _____ Bar code # 5 _____ Bar code # 5 _____

Staff Initials _____





Level Up Agreement- Elite

Member Name: _____ Date of Birth: _____ Member Number: _____

Email Address: _____ Phone Number: _____

Membership Perks	J-Elite \$99 *add on- \$15
Unlimited Premium Classes	X
Unlimited Group Fitness Classes	X
Fitness Center /Cardio Area	X
Indoor track	X
Outdoor track	X
Indoor Pool	X
Outdoor Pool	X
Tennis	X
Private Training Room	X
2 Box Locker or 1 half	X
\$100 Annual J-Cash	X
Premium Towel Service	X
Guest Passes	7 guest passes annually
Live Up Community	X
Access to the J and free events	X
ECLC Pre-school Eligible	X

I, the undersigned, hereby apply for membership at the Levite Jewish Community Center of Birmingham ("Jewish Community Center" or "LJCC" or "the J") and agree to the following:

- I understand these are the amenities I have access to.
- I understand that I cannot level down within the twelve month period of my contract.
- I understand that Guest Passes cannot be used at the Outdoor Pool. Outdoor Pool Passes are \$25 per person per day.
- Membership can be debited monthly from a checking account, debit card or credit card or paid in full on an annual basis.
- Membership is automatically renewed and payable monthly.
- I understand that at the end of the contract period, memberships are month-to-month. To cancel a membership, I must give 30-day notice by completing a Cancellation Form _____ **Initial Here.**
- Membership rates may increase annually.
- Membership is not based upon usage, is non-transferable or non-refundable. Refunds cannot be issued for non-use of the facilities.
- Membership is a privilege, which may be revoked with or without cause at any time by the Levite Jewish Community Center's (LJCC) Executive Director or the LJCC Board of Directors.
- I am/We are responsible for any payment plus a service charge applied by the LJCC in the event that a debit is not honored by my financial institution. This is in addition to any service fee my financial institution may charge.
- I/We understand that the LJCC urges all members to obtain a physical examination from their physicians prior to the use of any exercise equipment or attendance in any exercise class.
- I/We agree to complete fully and truthfully any medical screening forms which may be required as a condition for participation in an LJCC fitness program.
- I/We acknowledge that all LJCC facilities including, without limitation, the saunas, steam rooms, whirlpools, weight equipment, hiking/biking trail, pools, group fitness classes and all sports facilities are used at my/our own risk.
- I waive any claims for damage, loss or theft of property arising out of or in connection with the use of any LJCC facility, including the parking lot and hiking/biking trail.
- I hereby release and hold harmless the LJCC, its officers, directors and employees from any damages, claims, loss and liability relating to injury, illness or death to me/us/our child(ren) which may arise from participation in any LJCC program.
- I understand that while using the LJCC facilities my/our photograph may be taken for publicity purposes.
- I agree to abide by the rules and by-laws of the LJCC.
- The LJCC reserves the right to change facilities, hours, class schedules and equipment.
- I agree to abide by the rules of the LJCC. I further agree that all use of the LJCC's facilities, programs, and services shall be undertaken at my sole risk and that the LJCC shall not be liable for any injuries, accidents, or death occurring to me, including those resulting from the LJCC's negligence, arising either directly or indirectly out of my participation in, or use of, the LJCC's facilities, programs, and service. I, for myself and on behalf of my executors, administrators, heirs, and assigns, do hereby expressly release, discharge, waive, relinquish, and covenant not to sue the LJCC, its affiliates, officers, directors, agents, or employees for all such claims, demands, injuries, damages, or causes of action, including those resulting from the LJCC's negligence, arising either directly or indirectly out of my participation in, or use of, the LJCC's facilities, programs, and services.

I have read and understand the above statements and do agree to follow them to the best of my/our ability:

*Signature of Applicant _____ Date _____

- Yes, I would like to take advantage of the security and convenience of the Automated Payment Plan offered by the Levite Jewish Community Center (LJCC)
- As a duly authorized check signer/account holder on the account identified below, I authorize the LJCC to perform scheduled or periodic electronic funds transfer debits/charges to my account identified below for payments due or, when applicable, apply electronic funds transfer credits/refunds to the same.
- Furthermore, if any such electronic debit/charge should be returned by my financial institution for any reason, I authorize the LJCC to collect a returned item fee up to \$35.00 per item (or the maximum amount allowed by law) by electronic debit/charge to my account identified below.
- **Renewals will be automatic. In order to cancel or modify this agreement, including a change in my financial institution, I will provide a WRITTEN request to the LJCC within thirty (30) days prior to the effective date of the change/cancellation.**

Name on Account/Credit Card: _____
Credit/Debit Card Number: _____
EXP _____ CVV: _____ Type of Card: _____
Bank Routing Number (9 Digits): _____ Bank Account Number: _____
Authorization Signature _____ Date: _____