

2009/2010 MIAMI BEACH JEWISH COMMUNITY CENTER MEMBERSHIP FORM

SPONSORING MEMBERSHIP*

- _____ \$375 – Couple/Family
- _____ \$190 – Single Parent Family
- _____ \$170 – Senior Ambassador Couple (65+)
- _____ \$100 – Individual Ambassador (18+)

BASIC MEMBERSHIP

- _____ \$190 – Couple/Family
- _____ \$100 – Single Parent Family
- _____ \$85 – Individual age 18 & over

**A rate increase—effective, 08/15/09—of approximately 5% is reflected in the above Membership Structure.*



NON-MEMBERS MUST PAY AN ANNUAL SECURITY FEE OF \$35 PER PERSON

- *Sponsoring Membership- Your generous donation will provide scholarships for families who need assistance with membership and class fees. All Sponsoring Memberships are tax-deductible, less value of memberships. *Ambassador Memberships are fully tax-deductible.*
- *Basic Membership- Basic Members will receive special member pricing on all programs (50% discount!) and priority registration for all MBJCC programs and events.*
- *Membership fees will be prorated. The pro-rata calculation will be on the first of the month in which the membership fees are paid.*
- *No more than two individuals in a single household may be Individual Members. More than two members of the same family must join as Family Members. .*

For Individual Members:

MEMBER LAST NAME: _____ FIRST NAME: _____ DATE OF BIRTH: _____
 If Child, PARENTS' NAME(S): _____
 ADDRESS (incl. City & Zip) _____
 HOME PHONE: _____ WORK: _____
 CELL: _____ EMAIL: _____

For Family Members:

PARENT LAST NAME: _____ FIRST NAME: _____ DATE OF BIRTH: _____
 PARENT LAST NAME: _____ FIRST NAME: _____ DATE OF BIRTH: _____
 CHILD'S NAME: _____ D.O.B _____ SCHOOL: _____ GRADE _____
 CHILD'S NAME: _____ D.O.B _____ SCHOOL: _____ GRADE _____
 CHILD'S NAME: _____ D.O.B _____ SCHOOL: _____ GRADE _____
 CHILD'S NAME: _____ D.O.B _____ SCHOOL: _____ GRADE _____

SYNAGOGUE AFFILIATION: _____

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

OFFICE USE:

MEMBER # _____ DATE: _____ PERMIT # _____ INITIAL: _____
 BASIC / SPONSORING IND / SF / FAM TOTAL _____ METHOD _____
 CARD #: _____ EXP: _____ VIN: _____ NAME: _____