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# MEMBERSHIP INFORMATION UPDATE

## THE JEWISH COMMUNITY CENTER OF GREATER KANSAS CITY

Koralchik Wing, 5801 West 115th Street, Suite 101, Overland Park, Kansas 66211-1800  
(913) 327-8000 • (913) 327-8040 FAX • www.jcckc.org

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

### PRIMARY MEMBER

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

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (Home) \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GENDER \_\_\_\_\_

PHONE (Work) \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_ CONGREGATION \_\_\_\_\_

E-MAIL \_\_\_\_\_

### SPOUSE/DOMESTIC PARTNER (if part of membership)

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

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

PHONE (Work) \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GENDER \_\_\_\_\_

E-MAIL \_\_\_\_\_

### DEPENDENT(S) (if part of membership)

(Children up to age 19 living at home. Children in college or graduate school are part of the family membership up to age 25.)

NAME	GENDER	BIRTHDATE	GRADE	SCHOOL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### WORK INFORMATION

#### PRIMARY MEMBER

OCCUPATION \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_

#### SPOUSE/DOMESTIC PARTNER (if part of membership)

OCCUPATION \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_

I understand that any CENTER activity and use of recreational and workout facilities involves the risk of accidental injury despite all safety precautions. I acknowledge that I use all sports equipment and facilities at my own risk, I will assume all risks (injury or illness) to any family member that may occur during participation in any activities or use of facilities at the CENTER. I acknowledge that I am aware of the potential risks of participating in activities and/or programs at the CENTER and agree to in no way hold the management, agents or employees of the CENTER liable for any injury that I or members of my family might sustain.