



**Jewish Community Center of Metropolitan Detroit**  
**COMMUNITY MEMBERSHIP AGREEMENT**

NEW  
 RENEWAL

Today's date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Level**

Adult (\$18/month)  Couple (\$27/month)  Family (\$36/month)

**Primary Member**

*Please print clearly all information*

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  Male  Female  
 Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Phone number (home) \_\_\_\_\_ (work) \_\_\_\_\_  
 (cell) \_\_\_\_\_ Email \_\_\_\_\_

**Additional Member(s)**

*(If Couple or Family is selected)*

Spouse \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Child 1 \_\_\_\_\_ Child 2 \_\_\_\_\_  
 Child 3 \_\_\_\_\_ Child 4 \_\_\_\_\_  
 Child 5 \_\_\_\_\_ Child 6 \_\_\_\_\_

**Payment**

Amount:  \$18/month  \$27/month  \$36/month  
 Method of payment:  Discover  Visa  MasterCard  AMEX  
 Card # \_\_\_\_\_ Name on card \_\_\_\_\_  
 Expiration date \_\_\_\_\_ CSC \_\_\_\_\_

By signing this agreement, I acknowledge that all charges will be processed on a monthly basis on the first of the month via automatic billing.  
 As a Community member, I can use my monthly contribution to send tribute cards.  
 I understand that I must advise the Development department in writing at least 30 days in advance should I wish to discontinue my membership.  
 I certify that I am 18 years or older. I also certify that I have read this agreement before signing below and I fully understand its contents and impact.

\_\_\_\_\_  
*Primary member name (please print)* \_\_\_\_\_ *Signature* \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

If minor, signature of parent or guardian \_\_\_\_\_

*All or a portion of payments may be tax deductible. Please consult your tax advisor for details.*