



# Center Member Information

Date \_\_\_\_\_

## Primary Member

Name \_\_\_\_\_

- Male
  Female
  Non-Binary
  Transgender

## Additional Adult

Name \_\_\_\_\_

- Male
  Female
  Non-Binary
  Transgender

## Children

Name (Last, First, MI) \_\_\_\_\_ (Jr, II, etc.) \_\_\_\_\_ Birthdate \_\_\_\_\_ M / F / N.B. / T

Name (Last, First, MI) \_\_\_\_\_ (Jr, II, etc.) \_\_\_\_\_ Birthdate \_\_\_\_\_ M / F / N.B. / T

Name (Last, First, MI) \_\_\_\_\_ (Jr, II, etc.) \_\_\_\_\_ Birthdate \_\_\_\_\_ M / F / N.B. / T

Name (Last, First, MI) \_\_\_\_\_ (Jr, II, etc.) \_\_\_\_\_ Birthdate \_\_\_\_\_ M / F / N.B. / T

## Interest Categories (Please check all areas of potential interest in your household)

- |                                                          |                                                          |                                                  |
|----------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Adult Fitness                   | <input type="checkbox"/> Youth Sports, Clinics & Leagues | <input type="checkbox"/> Older Adult Programs    |
| <input type="checkbox"/> Wellness                        | <input type="checkbox"/> Seasonal Day Camps              | <input type="checkbox"/> Art & Culture           |
| <input type="checkbox"/> Group Exercise                  | <input type="checkbox"/> Early Childhood Education       | <input type="checkbox"/> Jewish Life             |
| <input type="checkbox"/> Pilates                         | <input type="checkbox"/> Youth & Teen Programs           | <input type="checkbox"/> LGBT                    |
| <input type="checkbox"/> Aquatics                        | <input type="checkbox"/> Family Programs                 | <input type="checkbox"/> Volunteer Opportunities |
| <input type="checkbox"/> Adult Sports, Clinics & Leagues | <input type="checkbox"/> Adult Programs                  |                                                  |

To help provide our funders with statistical information, please respond to the following.

*This information is confidential and non-mandatory.*

### Primary Member

What religion do you consider yourself (religiously, culturally or by heritage)?  
\_\_\_\_\_

Do you affiliate with a synagogue/temple/ church or other spiritual community?

Yes If yes, which one? \_\_\_\_\_

No  Prefer not to disclose

If you are not Jewish, is there anyone else in your household who is Jewish?

Yes  No  Prefer not to disclose

Please indicate your ethnicity:

- African American  
 American Indian and Alaska Native  
 South Asian (India, Pakistan, Afghanistan)  
 Hispanic / Latino  
 Southeast Asian (Vietnam, Japan, China, Korea)  
 Native Hawaiian / Pacific Islander  
 Caucasian  
 Two or more races  
 Other  
 Prefer not to disclose

### Additional Adult

What religion do you consider yourself (religiously, culturally or by heritage)?  
\_\_\_\_\_

Do you affiliate with a synagogue/temple/ church or other spiritual community?

Yes If yes, which one? \_\_\_\_\_

No  Prefer not to disclose

If you are not Jewish, is there anyone else in your household who is Jewish?

Yes  No  Prefer not to disclose

Please indicate your ethnicity:

- African American  
 American Indian and Alaska Native  
 South Asian (India, Pakistan, Afghanistan)  
 Hispanic / Latino  
 Southeast Asian (Vietnam, Japan, China, Korea)  
 Native Hawaiian / Pacific Islander  
 Caucasian  
 Two or more races  
 Other  
 Prefer not to disclose