



600 Main Street—Woodbridge, NJ 07095
 www.njwcc.com
 732.596.4170

Membership Application

Revised: 3/21/19

Adult 1/Child: I have received the Woodbridge Community Center (WCC) Self-Assessment: _____

Name: _____
First Last

Male Female Date of Birth: _____

Adult 2: I have received the WCC Self-Assessment: _____

Name: _____
First Last

Male Female Date of Birth: _____

Dependent's Name	Date of Birth	Gender	I have received and reviewed the WCC Self-Assessment (Initial)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Email:** _____

Emergency Contact: _____
Full Name Phone

I certify that all persons stated on this membership application are members of my household and are my legal dependents. I certify that all information on this application is correct and accurate. The Woodbridge Community Center (WCC) reserves the right to request verification and to terminate membership if information proves to be false.

Family membership is defined by the Woodbridge Community Center as follows: two adults or legal guardians and all children under the age of 18 or still attending high school and/or full-time *college students age 18-22. *Proof Required

I understand that any member who is under the age of 13 will not be permitted to use the Strength Room, or any of its associated equipment, and will not be permitted to use the Wellness Center, at any time.

Signature

Date

FOR STAFF USE ONLY: _____ Resident _____ Non-Resident

Driver's License: (Adult 1) _____ (Adult 2): _____

Other Form of Proof: _____ Other Form of Proof: _____