

# MEMBER ENROLLMENT APPLICATION AND AGREEMENT

### THIS APPLICATION AND AGREEMENT MUST BE COMPLETED

AND SIGNED BY EACH PERSON IN YOUR HOUSEHOLD WHO WISHES TO ENROLL

TYPE OF MEMBERSHIP: INDIVIDUAL	HOUSEHOLD	<u>All Membel</u>	RSHIPS ARE FOR A C	NE YEAR (12 MOS.) PERIOD
LOCAL VILLAGE AFFILIATION (CHECK ONE):				
MILL VALLEYNOVATOROSS VALLE	Y SAN RAFAEL	TIBURON PEN	NINSULATWIN	I CITIES
CONTACT INFORMATION:				
FIRST NAME	LAST NAM	E		
STREET ADDRESS		CITY		
ZIP CODE EMAIL A	DDRESS	JR EMAIL)		
HOME PHONE #C			DATE OF I	BIRTH:
IF HOUSEHOLD COMPLETE FOR OTHER MEMBER:				
FIRST NAME	LAST NAM	E		
CELL PHONE #	EMAIL ADDRESS			
DATE OF BIRTH:				
MEMBERSHIP DIRECTORY (OPT OUT): I HEREBY CHOOSE TO OPT OF	UT OF INCLUDING MY NAME	IN A MEMBERSHIP DIREC	TORY &	(INITIALS)
How Did You Hear About US?				
PAYMENT METHOD:				
ANNUAL Monthly Payments for 12 Months – credit card only		□ \$400/year	or Househo	ld: □ \$500/year
MONTHLY – ANNUAL RENEWAL AT EXPIRATION	Individual	□ \$35/молтн	OR HOUSEHO	ld: □\$45/month
PLEASE MAKE CHECKS PAYABLE TO MARIN VILLAGES	5			
NAME ON CREDIT CARD				
CREDIT CARD NUMBER				
EXPIRATION DATE 3 DIGIT NUM	IBER ON BACK OF CAF	RD A	MOUNT \$	
(CONTRIBUTIONS BEYO	OND MEMBERSHIP ARE GL	ADLY ACCEPTED AND A	ACKNOWLEDGED)	

PLEASE CONSIDER ME FOR AN ANNUAL DISCOUNTED MEMBERSHIP (MARIN VILLAGES WILL CONTACT YOU TO ASSESS FINANCIAL ELIGIBILITY) IF YOU ARE APPLYING FOR A DISCOUNTED MEMBERSHIP, PLEASE INCLUDE YOUR MOST RECENT TAX RETURN OR OTHER PROOF OF INCOME

## **EMERGENCY CONTACT INFORMATION** (IN CASE OF HEALTH OR SAFETY CONCERNS)

	RELATIONSHIP	
HOME PHONE NUMBER	CELL #	
Email Address:		
ALTERNATE EMERGENCY CONTACT INFORMATION		
	RELATIONSHIP	
HOME PHONE NUMBER	CELL #	
EMAIL ADDRESS.		

#### AGREEMENT

One of Marin Villages' primary functions is to ensure the highest possible member satisfaction with the activities and services provided. Marin Villages, however, will not under any circumstance assume any direct or indirect responsibility or liability in connection with services contracted for by members with third party providers recommended by Marin Villages.

As consideration for being accepted as a Marin Villages (hereafter "MV") member, I (we) agree that I (we), my assignees, heirs and legal representatives will not make any claim against or sue MV, its officers, directors, employees, or agents for any injury or illness or damage resulting from any activity or service rendered by MV, its members, volunteers, or any third-party providers of service, and (ii) release, discharge, indemnify and hold harmless MV, its officers, directors, employees, and agents from any and all actions, claims, demands, losses, costs, liabilities, settlements, damages and expenses that I (we), my assignees, heirs and legal representatives (including without limitation my insurance carrier) may have for any injury, illness (including communicable disease) or damage I (we) may suffer as a result of my being a member of MV, whether caused directly or indirectly by any negligence attributable to Marin Villages, its officers, directors, employees, agents, or volunteers. Marin Villages reserves the right to be in touch with members' emergency contacts in case of health or safety concerns. Marin Villages reserves the right to cancel any member's membership if, including but not limited to, the member's physical or cognitive abilities change to the extent that Marin Villages is unable to provide services for the member.

I (we)hereby authorize Marin Villages (MV) to use any photographs taken of me while I (we) am engaged in MV activities on its website and in its publications and to release such photographs for publication in newspapers, magazines, and other printed materials, without notice or compensation to me, my assignees, heirs, or legal representatives. I(we)further understand that my consent to such release extends to the use of photographs by any Local Village (LV) affiliated with Marin Villages.

I (we) have read the above carefully and I am pleased to become a member of Marin Villages subject to the above terms and conditions.

**SIGNATURE** 

Оате:\_\_\_\_\_

**SIGNATURE** 

DATE:

IF HOUSEHOLD, BOTH MEMBERS MUST SIGN

## PLEASE MAIL COMPLETED FORM AND AGREEMENT TO:

MARIN VILLAGES-4340 REDWOOD HWY, STE. F-142, SAN RAFAEL, CA 94903 Phone: 415-457-4633 EMAIL: info@marinvillages.org WEB: www.marinvillages.org