

PLEASE FILL OUT BOTH PAGES AND SIGN ON PAGE #2

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	ALL MEMBE	RSHIPS A	RE FOR A ONE)	YEAR (12 MOS.) PERIOD
LOCAL VILLAGE AFFILIATION (CHECK ONE):					
MILL VALLEY NOVATOROSS VALLEY	SAN RAFAE	LTIBURON PE	NINSULA	Twin Cit	IES
CONTACT INFORMATION:					
FIRST NAME	LAST NAI	ME			
STREET ADDRESS		CITY			
ZIP CODE EMAIL AI					
•	(PLEASE ONLY LIST IF YOU USE YOUR EMAIL) PHONE # DATE OF BIRTH:				
IF HOUSEHOLD COMPLETE FOR OTHER MEMBER:					
FIRST NAME	LAST NAI	ME			
CELL PHONE #	EMAIL ADDRESS	i			
DATE OF BIRTH:					
MEMBERSHIP DIRECTORY (OPT OUT): I HEREBY CHOOSE TO OPT OU	JT OF INCLUDING MY NAM	1E IN A MEMBERSHIP DIRE	CTORY	&	(INITIALS)
How Did You Hear About US?					
PAYMENT METHOD:					
Annual	Individual:	□ \$450/YEAR	OR	Household:	□ \$600/year
MONTHLY PAYMENTS FOR 12 MONTHS – CREDIT CARD ONLY MONTHLY – ANNUAL RENEWAL AT EXPIRATION	Individual	□ \$40/молтн	OR	Household:	□ \$55/монтн
PLEASE MAKE CHECKS PAYABLE TO MARIN VILLAGES					
NAME ON CREDIT CARD					
CREDIT CARD NUMBER					-
EXPIRATION DATE 3 DIGIT NUM	BER ON BACK OF C	ARD /	AMOUNT	\$	_
(CONTRIBUTIONS BEYO	ND MEMBERSHIP ARE G	GLADLY ACCEPTED AND	ACKNOWLE	EDGED)	
PLEASE CONSIDER ME FOR AN ANNUAL DISCOUN IF YOU ARE APPLYING FOR A DISCOUNTED MEMBERSHIP,		="			-

IAME	,
	CELL #
Email Address:	
ALTERNATE EMERGENCY CONTACT INFORMATION	
IAME	RELATIONSHIP
HOME PHONE NUMBER	CELL #
Email Address:	
AGR	EEMENT
As consideration for being accepted as a Marin Villages (here and legal representatives will not make any claim against or so illness or damage resulting from any activity or service providers of service, and (ii) release, discharge, indemnify and rom any and all actions, claims, demands, losses, costs, assignees, heirs and legal representatives (including without including communicable disease) or damage I (we) may sufficetly or indirectly by any negligence attributable to Marin Marin Villages reserves the right to be in touch with member accognitive abilities change to the extent that Marin Villages is (we)hereby authorize Marin Villages (MV) to use any photoms website and in its publications and to release such photograph active as the such release extends to the use of photograph and consent to such release extends to the use of photograph	after "MV") member, I (we) agree that I (we), my assignees, heirs are MV, its officers, directors, employees, or agents for any injury rendered by MV, its members, volunteers, or any third-party hold harmless MV, its officers, directors, employees, and agents liabilities, settlements, damages and expenses that I (we), my limitation my insurance carrier) may have for any injury, illness after as a result of my being a member of MV, whether caused Villages, its officers, directors, employees, agents, or volunteers of emergency contacts in case of health or safety concerns. Marin riship if, including but not limited to, the member's physical or unable to provide services for the member. Ographs taken of me while I (we) am engaged in MV activities on aphs for publication in newspapers, magazines, and other printed ees, heirs, or legal representatives. I(we) further understand that
and conditions.	seeme a member of marm timages subject to the above terms
SIGNATURE	DATE:
SIGNATURE	D ате:
	BAIL:

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