

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 MEMB | ERSHIPS A | RE FOR A ONE | EAR (12 MOS.) PERIOD |
|----------------------------------------------------------------|------------------------------------------|----------------------|----------------------|----------------------------------------|-----------------|----------------------|
| LOCAL VILLAGE AFFILIATION (CHEC | CK ONE): | | | | | |
| MILL VALLEY NOVATO | ROSS VALLEY | SAN RAFAEL | TIBURON PE | ENINSULA | Twin Cit | IES |
| CONTACT INFORMATION: | | | | | | |
| FIRST NAME | | LAST NAM | IE | | | |
| STREET ADDRESS | | | CITY | | | |
| ZIP CODE | EMAIL AD | DRESS | JR EMAIL) | | | |
| HOME PHONE # | CEL | L PHONE # | | | _ DATE OF BIRTI | н: |
| IF HOUSEHOLD COMPLETE FOR OTHE | | | | | | |
| FIRST NAME | | LAST NAM | E | | | |
| CELL PHONE # | | EMAIL ADDRESS | | ······································ | | |
| DATE OF BIRTH: | | | | | | |
| MEMBERSHIP DIRECTORY (OPT OUT): I HE | | OF INCLUDING MY NAME | IN A MEMBERSHIP DIRI | ECTORY | & | (INITIALS) |
| How DID YOU HEAR ABOUT US? | | | | | | |
| PAYMENT METHOD: | | | | | | |
| Annual | | Individual: | □ \$450/year | OR | Household: | □ \$600/year |
| MONTHLY PAYMENTS FOR 12 MONTHS : MONTHLY — ANNUAL RENEWAL A | | Individual | □ \$40/монтн | OR | Household: | □ \$55/монтн |
| PLEASE MAKE CHECKS PAYABLE TO | MARIN VILLAGES | | | | | |
| NAME ON CREDIT CARD | | | | | | |
| CREDIT CARD NUMBER | | | | | | - |
| EXPIRATION DATE | 3 DIGIT NUMBER ON BACK OF CARD AMOUNT \$ | | | | | _ |
| (1 | CONTRIBUTIONS BEYONL | O MEMBERSHIP ARE GL | ADLY ACCEPTED AND | ACKNOWL | EDGED) | |
| PLEASE CONSIDER ME FOR AN | | • | | | | • |

| $\underline{\textbf{EMERGENCY CONTACT INFORMATION}} \text{ (IN CASE OF H}$ | EALTH OR SAFETY CONCERNS) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME | RELATIONSHIP |
| HOME PHONE NUMBER | CELL # |
| EMAIL ADDRESS: | |
| ALTERNATE EMERGENCY CONTACT INFORMATION | |
| NAME | RELATIONSHIP |
| HOME PHONE NUMBER | CELL # |
| EMAIL ADDRESS: | |
| | <u>AGREEMENT</u> |
| As consideration for being accepted as a Marin Village and legal representatives will not make any claim agor illness or damage resulting from any activity or providers of service, and (ii) release, discharge, inderfrom any and all actions, claims, demands, losses assignees, heirs and legal representatives (including (including communicable disease) or damage I (we directly or indirectly by any negligence attributable to Marin Villages reserves the right to be in touch with Villages reserves the right to cancel any member's cognitive abilities change to the extent that Marin V I (we)hereby authorize Marin Villages (MV) to use a its website and in its publications and to release such materials, without notice or compensation to me, my consent to such release extends to the use of ph | ges (hereafter "MV") member, I (we) agree that I (we), my assignees, heir ainst or sue MV, its officers, directors, employees, or agents for any injuring reservice rendered by MV, its members, volunteers, or any third-particularly and hold harmless MV, its officers, directors, employees, and agent and costs, liabilities, settlements, damages and expenses that I (we), my swithout limitation my insurance carrier) may have for any injury, illnes are a result of my being a member of MV, whether caused to Marin Villages, its officers, directors, employees, agents, or volunteers members' emergency contacts in case of health or safety concerns. Marin membership if, including but not limited to, the member's physical or illages is unable to provide services for the member. In photographs taken of me while I (we) am engaged in MV activities or photographs for publication in newspapers, magazines, and other printer my assignees, heirs, or legal representatives. I(we)further understand tha otographs by any Local Village (LV) affiliated with Marin Villages. Seed to become a member of Marin Villages subject to the above terms. |
| SIGNATURE | DATE: |
| 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

Please note that due to the high volume of interest in membership, the waiting period for your application to be processed may take up to 4 weeks.