



# Membership Application

Date: \_\_\_\_\_

**Primary Member:** \_\_\_\_\_

Birth date: \_\_\_\_\_

Gender:  F  M  Other

Phone: \_\_\_\_\_ ((home) Phone: \_\_\_\_\_ (cell) Email: \_\_\_\_\_

**Address:** \_\_\_\_\_ City: \_\_\_\_\_ Zipcode: \_\_\_\_\_

**Spouse/Partner:** \_\_\_\_\_

Birth date: \_\_\_\_\_

Gender:  F  M  Other

Phone: \_\_\_\_\_ ((home) Phone: \_\_\_\_\_ (cell) Email: \_\_\_\_\_

## **Other Contact Information**

*Please include two people we can contact in case of emergency (required to process application)*

Emergency Contact 1: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Contact (if not already listed above) within 50 mile radius

\_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Additional Information**

How did you hear about North Oakland Village

\_\_\_\_\_  
\_\_\_\_\_

What interest you in becoming a member of North Oakland Village?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you attended a North Oakland Village event or presentation? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Your responses to the following questions will help to clarify that North Oakland Village memberships can fulfill your expectation. A staff member will contact you if we have any further questions.

**Primary Member**

How would you describe your current health?

- Excellent       Good       Fair       Poor

Do you have any current health needs or chronic conditions that would be helpful for us to know about?

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Do you currently need assistance to remain at home? If so, please describe the nature of assistance needed:

\_\_\_\_\_  
\_\_\_\_\_

**Spouse/Partner**

How would you describe your current health?

- Excellent       Good       Fair       Poor

Do you have any current health needs or chronic conditions that would be helpful for us to know about?

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Do you currently need assistance to remain at home? If so, please describe the nature of assistance needed:

\_\_\_\_\_  
\_\_\_\_\_

Please check all that apply:

I would like my name to be added to our Membership Roster (only fellow members will be able to view your name and contact information)

I would be interested in learning more about volunteering for North Oakland Village. If checked, I understand someone will contact me with further information.

I would be interest in hosting a house party for other potential North Oakland Village members. Staff has my permission to contact me regarding a date in the future to discuss the details.

## ***Membership Dues Options***

<b><i>Service Membership</i></b>	<b>Single</b>	<b>Household</b>	<b>Subtotal</b>
Annual	\$700	\$850	\$ _____
Semi-Annual	\$350	\$425	\$ _____

<b><i>Donor Membership</i></b>	<b>Single</b>	<b>Household</b>	<b>Subtotal</b>
Annual	\$600	\$750	\$ _____
Semi-Annual	\$300	\$375	\$ _____

<b><i>Associate Membership</i></b>	<b>Single</b>	<b>Household</b>	<b>Subtotal</b>
Annual	\$300	\$400	\$ _____
Semi-Annual	\$150	\$200	\$ _____

### Important notes

\* Membership begins on the first day of the month the completed application and payment are received

\*  Enclosed is my check in the amount of \$ \_\_\_\_\_

\* Please make check payable to North Oakland Village

## **Criteria for Membership**

- Residence in service area including: North and Central Oakland and Piedmont.
- Responsible for, and capable of, making key decisions about one's own life.
- Living in a residence that presents no known threats to health or safety.
- Self-sufficient in meeting personal care needs, either through self-care or arrangements with a personal care giver.
- Current medical coverage/plan in place including relationship with a medical provider (doctor/clinic/neighborhood health facility).
- Willing to provide advance contact information for family, friend, or other, that North Oakland Village is permitted to contact in case of urgent need.

## Memo of Understanding for North Oakland Village Membership

North Oakland Village (NOV) is a 501-C 3 non-profit organization. The Village provides connections, services and referrals to its members to assist them in remaining in their own homes, in their own communities. Through volunteers, a network of third-party providers, community events and relationships, the North Oakland Village offers its members some of the activities and services available to residents of conventional retirement communities. It is important to note, however that the Village is not a substitute for facilities specifically designed to support individuals when they are no longer able to live independently. Further, we are not a substitute for long term care insurance.

Annual membership in NOV is \$700 for individuals and \$850 for a household of two. All memberships are for a period of one year beginning on the first of the month a member joins and are payable by personal check, money order or cashier's check. As a member of NOV you are entitled to all the benefits of membership.

North Oakland Village acts on behalf of its membership to identify services that are most needed and desired and to continue to revise programs and services based on member satisfaction surveys and feedback. Discounts from service providers and partners of NOV will be negotiated by staff and passed on to our members when available. While dedicated to providing the highest possible member satisfaction with the activities and services it provides, NOV does not under any circumstance assume direct or indirect responsibility or liability for services contracted for by members with third party providers referred by NOV.

**I agree to the following:** As a member of the North Oakland Village, I hereby release and discharge the North Oakland Village from all responsibility or liability for services rendered by any third party, and I agree to hold NOV harmless from and against any cost, expenses, damages (including with without limitation, reasonable attorney's fees) arising in connection with any and all claims brought by or through me, including, but not limited to claims brought by my insurance carrier. I understand that Membership in the North Oakland Village is not a replacement for long-term care insurance, and NOV does not provide medical services, home health care, intensive, daily in-home support or personal care services.

In order for the North Oakland Village to monitor its members' needs and levels of satisfaction, I authorize third party providers to share non-medical data with NOV about the services I use. NOV reserves the right to be in touch with members' contacts in case of situations of health or safety concerns.

I have read the above carefully, and I am pleased to become a member of the North Oakland Village under the terms and conditions described.

\_\_\_\_\_  
Signature, Primary member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Spouse/Partner member

\_\_\_\_\_  
Date

\_\_\_\_\_ NOV has many events and activities and we like to use photographs from these events to share with other members. By checking here, I give my (our) consent for NOV to use my (our) photograph and likeness to be used in its publications, including its website, publicity, promotion and/or awareness, but not as a direct endorsement of any product or service. I release them from any expectation of confidentiality. NOV's intended use of my photo will not violate the rights of any person or organization and will not incur any liability payment to any person or organization.

\_\_\_\_\_ I do not give the North Oakland Village permission to use my photograph