

Park View Village Membership Application 2018
Affiliated with PVI Villages



Park View Village is committed to providing neighborhood members with home-based services thereby promoting independence, convenience, safety and well-being, for those who wish to live in their own home in a multigenerational community.

Please complete both sides of this form and return to Park View Village. If renewing, you may complete this form and return to PVV with renewal fees or renew and pay online at www.parkviewvillageva.org. You will need a username and password to renew online.

Applicant:

Full Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Date of Birth: ____ / ____ / ____

Spouse and/or additional household member(s):

Full Name: _____

Cell Phone (if different from applicant): _____

Email Address (if different from applicant): _____

Date of Birth: ____ / ____ / ____ Relationship to Applicant: _____

Full Name: _____

Cell Phone (if different from applicant): _____

Email Address (if different from applicant): _____

Date of Birth: ____ / ____ / ____ Relationship to Applicant: _____

Emergency contact (other than spouse):

Full Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Relationship to Applicant: _____

[please complete other side]

In order for Park View Village to meet its members' needs, I agree that third-party providers may share non-medical data with the Village board, and that the board may consult my emergency contact in case of health or safety concerns.

As a member of Park View Village (i) I hereby release and discharge Park View Village from all responsibility or liability for services rendered by any third-party providers, and (ii) I agree to hold Park View Village harmless from and against any cost, expenses or damages (including 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 have read and understood the above, and I hereby apply to become a member of Park View Village under the terms and conditions described.

The applicant/household information above (except birth date) may be shared as follows (check all boxes that apply):

- Park View Village Member Directory Park View Village Newsletter
 Park View Village Website Park View Village Brochure/Promotional Materials

_____	____/____/____
Signature	Date
_____	____/____/____
Signature	Date
_____	____/____/____
Signature	Date

2018 Membership Fee: \$60 per individual/\$120 per household (2-3 persons)

Membership entitles you to participation in all Park View Village planned events and services as they become available. Please send your completed application form and check made payable to "Park View Village" with "Membership" on the memo line to:

Park View Village Membership Committee, PO Box 768, Harrisonburg VA 22803-0768