



FBWE Village Household Membership Application Agreement

The Village: The Foggy Bottom West End Village is a neighborhood nonprofit corporation assisting residents who wish to remain in their homes as they age. Residents within the ANC2A of the District of Columbia, with few exceptions, are eligible for membership.

Services and Programs: The Village provides an array of services to Standard Members through its corps of vetted volunteers. Programs and activities are open to all members.

Annual Standard Membership Access to all volunteer services, vetted vendors and discounts.

Annual Social Membership Dues are tax-deductible, minus \$100 for tangible services. No volunteer or discounted services. Convertible to Standard Membership at any time without continuing tax deduction.

3-year Membership Standard and Social Membership as described above, with a \$300 discount and no fee increase for 3 years. Social Membership is tax-deductible, with exclusion of \$300 for tangible services. Convertible to Standard Membership without continuing tax deduction.

Reduced-fee Membership Confidential inquiries about reduced membership fees welcomed.

Criteria for Membership*

- Is at least 18 years old.
- Is responsible for, and capable of, making key decisions about one's own life.
- Lives in a residence that presents no known threats to health and safety.
- Is meeting personal care needs, either through self-care or from a caregiver.
- Has medical insurance coverage in place, including a relationship with a medical provider.
- Provides information for willing emergency contacts, such as a family member, friend or associate.

***The executive director of the Village will determine if all criteria are met.**

Emergencies: When concerns regarding a Member's health or safety arise, the Village reserves the right to contact the individual(s) listed as emergency contacts or other appropriate people, as determined by the Village. In addition, in order to connect a Member with a third-party vendor at the Member's request, the Village may disclose contact and other relevant information.

WAIVER OF LIABILITY: I understand that the Village is not affiliated with the third-party vendors it may recommend, and I release Foggy Bottom West End Village from all responsibility or liability stemming from the conduct of third party providers. I further indemnify and agree to hold the Village harmless for any loss, expense or liability arising out of the activities of its employees or volunteers, including but not limited to any action I, my heirs and assigns, or my insurance company might bring for negligence, personal injury or invasion of privacy. As a Member of Foggy Bottom West End Village, I understand that the Village is not a provider of emergency services or health-care services, and is not a health-care administrator. This Agreement is not meant to create any special relationship giving rise to a duty to aid or protect between myself and Foggy Bottom West End Village.

TERMINATION OF AGREEMENT: The Village reserves the right, in its sole discretion, to terminate this agreement, at any time, if the Village determines that it is in the best interest of the Village, its volunteers, other Members or the undersigned Member(s). If the Village terminates this agreement, it will return a portion of the annual fee paid on a prorated basis from the month of termination. The undersigned Member(s) may terminate this agreement at any time by providing written notice to the Village. If the Member(s) terminate(s) this agreement, no portion of the annual fee shall be refunded.

We wish to join the FBWE Village in the following membership category:

Household Membership (Quarterly Payments available online.)

1 YR (\$945) **Social** **Standard**

3 YR (\$2,535) **Social** **Standard**

We consent to becoming members of Foggy Bottom West End Village by entering into this Membership Agreement and paying the designated membership fee.

Name #1 _____ Name #2 _____

Signature #1 _____ Signature #2 _____

Date

Date

Member Information

DATE OF BIRTH (Member 1) _____ DATE OF BIRTH (Member 2) _____

STREET ADDRESS (incl apt #) _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____

CELL PHONE (Member 1) _____ CELL PHONE (Member 2) _____

EMAIL (Member 1) _____ EMAIL (Member 2) _____

Payment may be made by check or credit card. Quarterly credit card payments available online.

Please make your check payable to FBWE Village, mail it to 2430 K. St. NW, Washington, DC 20037.

Credit Card payments: Go to www.fbwevillage.org/membership

ACCEPTED BY FBWEV: _____ DATE PAYMENT RECEIVED _____
[Name/ Title]