



Membership Agreement

THE NETWORK: Neighborhood Network, established by York Housing in partnership with York Hospital is a community-based network open to residents of York, Ogunquit, Wells, Kittery, S. Berwick and Eliot.

SERVICES: The Network provides services to Members through its corps of neighborhood vendors and employees. All submit to a background check. The Network will utilize its database at neighborhoodnetwork.me to assist Members in finding a qualified provider. Members will also have full access to the online database via password.

LEVEL OF MEMBERSHIP: PLEASE SELECT ONE

____ **Associate Members** are people who want to join our vibrant community of activities, learning, service and socialization but who don't yet need help with volunteer-provided services or our concierge service. Associate members have access to all social/educational activities, volunteer and member training opportunities, mutual interest groups and access to our database of vetted vendors and discounts. **FEES:** The annual fee for **Associate Membership in the Network is \$120 annually for a single person and \$200 annually for a household**. Membership runs for a 12-month period commencing from the date on which the Network officially accepts this executed agreement and appropriate payment. The annual fee may be increased from time to time. Annual Membership may be renewed subject to agreement of the Member(s) and Neighborhood Network. Membership fees cover referral services only.

____ **Full Charter Members** are ready to take advantage of all the activities and services we have, including volunteers to help with things like transportation, errands, home maintenance, gardening, technology, and others. We offer our full members a complete concierge service to help you find exactly the resources, guidance, and support you need in the business community, in the government, or from other nonprofits. **FEES:** The annual fee for **Full Charter Membership in the Network is \$420 annually for a single person and \$600 annually for a household** (*charter membership fees will never increase). Membership runs for a 12-month period commencing from the date on which the Network officially accepts this executed agreement and appropriate payment. The annual fee may be increased from time to time. Annual Membership may be renewed subject to agreement of the Member(s) and Neighborhood Network. Membership fees cover referral services only.

TERMINATION OF AGREEMENT: The Network reserves the right, in its sole discretion, to terminate this agreement at any time if the Network determines that it is in the best interest of the Network. If the Network 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 thirty days' written notice to the Network.

PRIVACY: The Network will take all reasonable steps to protect the personal information of its Members. However, where concerns regarding a Member's health or safety arise, the Network reserves the right to contact the individual(s) listed as non-member contacts or other appropriate people, as determined by the Network. In addition, to connect a Member with a third-party vendor at the Member's request, the Network may disclose contact and other relevant information.

WAIVER OF LIABILITY: As a Member of Neighborhood Network, I understand that the Network is not affiliated with the third party vendors it may recommend, and I release Neighborhood Network from all responsibility or liability stemming from the conduct of third party providers. I further indemnify and agree to hold the Network harmless for any loss, expense or liability arising out of the activities of its pre-vetted workers 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 Neighborhood Network, I understand that the Network is not a provider of emergency services or health-care service, is not a health-care administrator, and does not employ licensed health professionals or social workers. This Agreement is not meant to create any special relationship giving rise to a duty to aid or protect between myself and Neighborhood Network.

PERSONAL INFORMATION:
(Please list all members of household)

Name	Date of Birth		
------	---------------	--	--

Name	Date of Birth		
------	---------------	--	--

Street Address	City	State	Zip Code
----------------	------	-------	----------

Phone Number	Cell Phone	E-mail Address	
--------------	------------	----------------	--

OPTIONAL NON-MEMBER TO CONTACT ON MY/OUR BEHALF:

Name Relationship

Street Address City State Zip Code

Phone Number Cell Phone E-mail Address

I certify that I have read and understand this Membership Agreement and wish to become a Member of Neighborhood Network under the terms of this agreement.

Name

Name (if household)

Signature

Signature (if household)

Date

Date (if household)

Member Interest Check List

Please check all that apply and add to the list!

Performing Arts

- Classical Music
- Jazz
- Opera
- Chamber Music
- Theater
- Dance
- Movies

General Interest Topics

- Art
- Reading/Book Clubs
- Museums
- History
- Personal Finance
- Cooking
- Restaurants
- Current Events/Politics
- Computers
- Sports
- Health & Wellness
- Travel
- Genealogy

Nature and Environment

- Nature
- Birding

Conservation

Gardening

Fitness Activities

- Bowling
- Golf
- Yoga
- Tai Chi
- Exercise
- Walking
- Hiking
- Kayaking
- Tennis

Crafts & Hobbies

- Knitting
- Handcrafts
- Painting
- Photography
- Woodworking
- Chess
- Scrabble
- Canasta
- Mahjong
- Poker
- Bridge