



MEMBERSHIP AGREEMENT

Love Living at Home (LLH) is not a place on a map - it is a gateway to relationships and resources for older adults who desire to live in the homes and neighborhoods they love. We are a welcoming network of people helping people. Our programs enrich life and forge connections for new friendships.

We welcome you to join us.

Name(s) (include all members in your household)

Birthdate

Street address: _____

City: _____ State: _____ Zip code: _____

(_____) _____ (_____) _____
Preferred Phone Second Phone

Preferred E-mail Second E-mail

MEMBERSHIP: Your LLH Membership runs for a 12-month period commencing from the date of acceptance of this agreement by LLH.

Check Membership Type: _____ Individual _____ Household

FEES: The current annual membership fee is \$450 for an individual member and \$575 for a household of two or more members.

You may pay the full annual fee in online at www.lovelivingathome.org or make a check payable to Love Living at Home and mail to our mailing address below.

If you prefer to pay the annual membership fee in monthly installments, initial here _____. We will contact you to make payment arrangements.



RENEWAL: Membership in LLH renews annually on the same terms and conditions upon payment of the then current annual fee or monthly installment of the annual fee.

PRIVACY: LLH will take all reasonable steps to protect the personal information of its members. We do not sell, exchange, or share personal information for use in marketing or solicitations of any kind. However, where concerns regarding a member's health or safety arise, LLH reserves the right to contact the individual(s) provided as contacts or other appropriate people.

LLH takes photos at most events. I hereby consent to the use of pictures of me on the LLH website and in written materials. Please initial here if you do not consent to the use of photos of you by LLH.

WAIVER OF LIABILITY: As a member of LLH, I understand that LLH is not affiliated with the third-party vendors it may recommend. I release LLH and its employees and volunteers from all responsibility or liability stemming from the conduct of third party providers. I understand that LLH is not a provider of emergency or health-care services, is not a health-care provider, and does not employ licensed health professionals or social workers. This Agreement is not meant to create any special relationship or duty requiring LLH to aid or protect members. I further agree to release LLH, its employees, and volunteers for any loss, expense or other liability arising out of the activities of LLH, including but not limited to personal injury, property damage, or invasion of privacy.

TERMINATION OF AGREEMENT: LLH reserves the right, in its sole discretion, to terminate this agreement, at any time, if it determines that it is in the best interest of LLH, its employees, volunteers, or other members.

ADDITIONAL OPPORTUNITIES: _____ I would also like to become a volunteer with LLH. We will contact you to discuss the opportunities for this rewarding experience.

____ I would like to make a donation to LLH. \$ _____

We are a 501(c)(3) charitable organization and as such donations are deductible in accordance with federal and state tax law. Pay online at www.lovelivingathome.org or make check payable to Love Living at Home and mail to our mailing address below. Thank you!

Signature _____ Date _____

Signature _____ Date _____

FOR OFFICE USE Date Membership Accepted _____

Revision Dated June 2017