



MEMBERSHIP FORM

Mount Pleasant Village is a nonprofit, all-volunteer membership organization that enables members to celebrate the opportunities and meet the challenges of aging in community. We support each other through social, cultural and wellness activities; neighbor-to-neighbor services; and information plus resources to help us age and live well. We strive to be inclusive and diverse by outreach to our neighbors, and through partnerships with other organizations in Mount Pleasant and throughout the city.

Please Print

Name(s): _____

Address: _____

Cell Phone(s): _____ Home Phone: _____

Email (1): _____

Email (2): _____

Membership Fee: \$50 per individual; \$100 per couple

I wish to make an additional tax deductible donation to support the work of the Village:

\$ _____

Please mail checks to: **Mount Pleasant Village 1735 Lamont St. NW, Washington DC 20010**

Liability Waiver: I understand that MPV services are provided by volunteers, not professionals. I agree to indemnify and hold the Village harmless for any loss, expense or personal injury arising from activities of its employees or volunteers including, in cases of automobile accidents, volunteer drivers. I further waive all liability against the Village for injury due to accident, negligence or breach of privacy. This waiver applies to any action brought by myself, my heirs and assigns, or my insurance company. Furthermore, I release the Village from all responsibility or liability stemming from the conduct of professional providers it may recommend, as the Village is neither affiliated with nor has oversight of third party vendors. Further, I understand that the Village is not a provider of emergency services or health-care services, is not a health-care administrator, and does not employ licensed health professionals or social workers.

Signature (1) _____ **Date:** _____

Signature (2) _____ **Date:** _____

Emergency Contact(s) Information: MPV will take all reasonable steps to protect the personal information of its members. Where concerns regarding a member's health or safety arise, MPV might contact the individual(s) listed by the member as their emergency contact(s).

(1) Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

(2) Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

Are you interested in **Volunteering**?

Assisting other members through the Helping Hands program? _____

Working on or helping out with committees? _____

Membership _____ Programs _____ Fundraising _____ Communications _____

Once we receive your completed Membership form and payment, you will be invited to a small gathering of new members to further discuss your interests and needs in order to help Mount Pleasant Village and you make the most of your Village experience.

Mount Pleasant Village (MPV) is a District of Columbia non-profit §501(c)(3) corporation.