

# ITAV 10591

It Takes A Village

## MEMBERSHIP APPLICATION

It Takes a Village 10591 (ITAV) is a non-profit 501(c)(3) corporation founded by residents of the 10591 zip code. Our mission is to provide support and services that allow seniors in our community to remain independent in their homes. ITAV will provide a wide variety of activities and programs, as well as services from volunteers and vetted third-party providers.

- I wish to join at the ~~annual rate of \$95.~~ *special introductory rate of \$25 for a 12 month membership.*
- I do not wish to join at this time but would like to make a tax deductible donation.
- Enclosed \$ \_\_\_\_\_ Payable to ITAV 10591 Mail to: ITAV 10591 P.O. Box 8304 Sleepy Hollow, NY 10591

**Membership Agreement:** Please read the following and complete the form below.

- I understand that before I can receive services a member of the ITAV Welcome Team will visit me to discuss my specific needs.
- In order to meet members' needs, I agree that ITAV board members and volunteers may receive non-medical information from third-party providers and consult my contacts in case of health or safety concerns.
- I agree to: a) insure the safety of all, to permit ITAV to conduct a background check which is required for all volunteers, third party providers and members; b) release ITAV from responsibility for services provided by any third-party; and c) hold ITAV harmless from any cost or damages in connection with claims by the member, including claims by the member's insurance carrier.

### ITAV 10591 - Membership Form PLEASE PRINT

First Name      M.I.      Last Name

Street      City

Telephone      Cell

Email      Date of Birth [DD/MM/YY]

Emergency Contact Name      Telephone

I have read and understood this Membership Agreement and I apply to become a member of ITAV under the terms and conditions described.

Signature of Applicant      Date

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I have read and understood this Membership Agreement and I apply to become a member of ITAV under the terms and conditions described.

Signature of Applicant      Date

PLEASE check this box if there are more than two individuals who are members of the same household at the address indicated above ... and complete the form(s) below.

**Questions? Concerns?** Call or send an email to: 914.222.5116 or [info@itav10591.org](mailto:info@itav10591.org)

The following individuals are also members of the household at the address indicated.

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**PLEASE NOTE:** When you have submitted the membership application a member of the membership welcome team will call to arrange a visit to your home to learn of your expectations and anticipated needs for services.