



Villages of San Mateo County Membership Application

I am applying for membership in:

- Sequoia Village
- Mid Peninsula Village

Date: _____

Primary Member: _____

Birth Date: _____ Gender: F M

Phone (h): _____ Phone (w): _____

Phone (cell): _____

Email address: _____

Address: _____

City: _____ Zip Code: _____

Spouse/Partner: _____

Birth Date: _____ Gender: F M

Phone (h): _____ Phone (w): _____

Phone (cell): _____

Email address: _____

Newsletter and announcements of special events:

- Please email me the newsletter and other announcements.
- Please mail me a hardcopy of the newsletter and other announcements.

Annual Membership Levels

- Single, full year paid in advance.** \$600/year.
- Single, paid monthly.** \$55/month or \$660/year.
- Household (2 or more residing in the home), full year paid in advance.** \$750/year.
- Household paid monthly.** \$70/month, or \$840/year.
- Social (social only, no direct services) Single.** \$300/year (of which \$250 is a tax deductible donation).
- Social Household.** \$425/year (of which \$325 is a tax deductible donation).

Notes on Payment Options

- All memberships (whether paid in an annual amount or in installments) are for a period of one year.
- Membership begins upon completion of the application process and receipt of payment.
- You receive a substantial savings when you pay your annual membership fee in full.
- Monthly installment payments must be made with a credit card. By selecting this payment option, you agree that payments can be automatically billed through **automatic bill pay**. (This charge will appear on your statement as “Club Express”).

Enclosed is my check for the amount of \$ _____

or, see my credit card information on the next page.

Please send us your completed form, with check (if applicable) made out to **Villages of San Mateo County**. In the memo line write “for SV membership” or “for MPV membership”.

Mail to: **Villages of San Mateo County, P.O. Box 813, San Carlos, CA 94070**

Note: Subsidized memberships may be available to those unable to afford annual dues. If you'd like us to explore this option, please contact us at 650-260-4569.

Within a week of receiving your application a staff member will contact you to set up an appointment to meet with you in your home.

**Complete this section if you have elected to pay by credit card.
For security, this page and information will be destroyed as
soon as the transaction is completed.**

Please debit my credit card in the amount of \$ _____

MasterCard Visa

Name on the Account _____

Account No _____

Exp. Date: _____ Card Security Code (3 digit) _____

Signature _____

Check if you wish to pay in monthly installments of \$ _____