



Connecting People & Neighborhoods

Membership Application

Today's Date: _____

Primary Member: _____

Birth date: _____ Gender: F M Other

Phone (home): _____ Phone (cell): _____ **Email:** _____

Address: _____ **City:** _____ **Zipcode:** _____

Spouse/Partner: _____

Birth date: _____ Gender: F M Other

Phone: _____ (home) Phone: _____ (Cell) Email: _____

Other Contact Information

Please include two people (family members suggested) we can contact in case of emergency (required to process application)

Emergency Contact 1: _____ Relationship to you: _____

Email: _____ Phone: _____

Emergency Contact 2: _____ Relationship to you: _____

Email: _____ Phone: _____

Primary Care Physician: _____ Phone: _____

Health Care Provider: _____

Additional Information

How did you hear about Ashby Village?

What interests you in becoming a member of Ashby Village?

Have you attended a Living Room Chat or Open House? _____ If yes, when? _____

Your responses to the following questions will help to clarify that Ashby Village memberships can fulfill your expectations. A staff member will contact you if we have any further questions.

Primary Member

How would you describe your current health?

Excellent Good Fair Poor

Do you have any current health needs or chronic conditions that would be helpful for us to know about?
If so, please describe: _____

Do you currently need assistance to remain at home? If so, please describe nature of assistance needed:

Spouse/Partner

How would you describe current your current health?

Excellent Good Fair Poor

Do you have any current health needs or chronic conditions that would be helpful for us to know about?
If so, please describe: _____

Do you currently need assistance to remain at home? If so, please describe nature of assistance needed:

Please check all that apply:

- I would like my name to be added to our Membership Roster (only fellow members will be able to view your name and contact information)
- I would be interested in learning more about volunteering for Ashby Village. If checked, I understand someone from Ashby Village will contact me with further information.
- I would be interested in hosting a house party for other potential Ashby Village members. Staff has my permission to contact me regarding a date in the future to discuss the details.

Memo of Understanding for Ashby Village Members

Ashby Village is a non-profit organization that provides programs, services and referrals to its members to assist them in remaining in their own homes, in their own communities. Through volunteers, a network of third-party providers, community events and relationships, Ashby Village offers its members some of the activities and services available to residents of conventional retirement communities. It is important to note, however, that the Village is not a substitute for facilities specifically designed to support individuals when they are no longer able to live independently. Further, we are not a substitute for long term care insurance.

Annual membership in Ashby Village is \$750 for individuals and \$1,200 for households (a residence comprised of a married couple or partners). All memberships are for a period of one year beginning on the day an application is processed and payment is made. Semi-annual and quarterly installment payments are available with automatic credit card withdrawals for a minimal administrative fee, with a commitment to continue membership for the full year. As a member of Ashby Village, you are entitled to all the benefits of membership.

Ashby Village acts on behalf of its membership to identify services that are most needed and desired and to continue to revise programs and services based on member satisfaction surveys and feedback. Discounts from service providers and partners of Ashby Village will be negotiated by staff, and passed on to our members when available. While dedicated to providing the highest possible member satisfaction with the activities and services it provides, Ashby Village does not under any circumstance assume direct or indirect responsibility or liability for services contracted for by members with third party providers referred by Ashby Village.

I agree to the following: as an Ashby Village Member, I hereby release and discharge Ashby Village from all responsibility or liability for services rendered by any third party, and I agree to hold Ashby Village harmless from and against any cost, expenses, damages (including without limitation, reasonable attorney's fees) arising in connection with any and all claims brought by or through me, including but not limited to claims brought by my insurance carrier. I understand that Membership in Ashby Village is not a replacement for long-term care insurance, and Ashby Village does not provide medical services, home health care, intensive, daily in-home support or personal care services.

In order for Ashby Village to monitor its members' needs and levels of satisfaction I authorize third party providers to share non-medical data with Ashby Village about the services I use. Ashby Village reserves the right to be in touch with members' contacts in case of situations of health or safety concerns.

I have read the above carefully, and I am pleased to become a member of Ashby Village under the terms and conditions described.

Signature, Primary Member

Date

Signature, Spouse/Partner Member

Date

Ashby Village has many events and activities and we like to use photographs from these events to share with other members. By checking here, I give my (our) consent for Ashby Village to use my (our) photograph and likeness to be used in its publications, including its website, publicity, promotion and/or awareness, but not as a direct endorsement of any product or service. I release them from any expectation of confidentiality. Ashby Village's intended use of my photo will not violate the rights of any person or organization and will not incur any liability payment to any person or organization.

I do not give Ashby Village permission to use my photographs.

Membership Dues Options

| | Single | Household (2 or more) | Subtotal |
|--|--|--|----------|
| Annual | <input type="checkbox"/> \$750 | <input type="checkbox"/> \$1,200 | \$ _____ |
| Semi-Annual | <input type="checkbox"/> \$390 | <input type="checkbox"/> \$620 | \$ _____ |
| Quarterly | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$315 | \$ _____ |
| Sustaining Membership (Includes membership dues plus donation) | <input type="checkbox"/> \$2,000 (\$1,250 donation) | <input type="checkbox"/> \$2,000 (\$800 donation) | \$ _____ |

Additional Support (all donations are tax deductible)

| | | | | |
|--|-------------------------------|--------------------------------|--------------------------------|----------|
| <input type="checkbox"/> General Fund | <input type="checkbox"/> \$25 | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$250 | |
| <input type="checkbox"/> It Takes a Village Subsidized Membership Fund | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$100 | <input type="checkbox"/> Other | \$ _____ |
| Total: | | | | \$ _____ |

Important notes

- All memberships (annual and installments) are for a period of one year.
- Membership begins on the first day of the month the completed application and payment are received.
- 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" (our online vendor).

Enclosed is my check in the amount of \$ _____

Please make check payable to Ashby Village

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

M/C Visa Name on Card: _____

Card Number: _____

Billing Address: _____

Expiration Date: _____ Month _____ Year Security Code: _____

Signature: _____

Please send your completed form, with check, if applicable, to:

Executive Director
Ashby Village
1821 Catalina Ave
Berkeley, CA 94707

Criteria for Membership

- ✓ Residence in service area including: Berkeley, Albany, El Cerrito, Kensington, Emeryville, and parts of North Oakland.
- ✓ 50 years of age or older.
- ✓ Responsible for, and capable of, making key decisions about one's own life.
- ✓ Living in a residence that presents no known threats to health or safety.
- ✓ Self-sufficient in meeting personal care needs, either through self-care or arrangements with a personal care giver.
- ✓ Current medical coverage/plan in place including relationship with a medical provider (doctor/clinic/neighborhood health facility).
- ✓ Willing to provide advance contact information of family, friend, or other, that AV is permitted to contact in case of emergency.

