

Ashby VILLAGE

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?

- Family/friend
- Professional referrals (doctor, ...)
- Ashby Village event
- Ashby Village website
- Radio/Magazine
- Street fairs, senior fairs
- I am an Ashby Village Volunteer
- Other _____

What interests you in becoming a member of Ashby Village?

Have you attended a Living Room Chat? _____ 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 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 (Living Room Chat) 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 – please read carefully!

Whenever a new relationship starts, it is helpful to spell things out clearly. The following are points that our past experience indicates are useful to clarify:

To be Eligible...

To be an Ashby Village member, you must be capable and self-sufficient in these areas:

- Making key decisions about your own life;
- Living in a residence that presents no known threats to health or safety;
- Meeting your own personal care needs, either by self-care or making reliable arrangements with a personal care-giver;
- Maintain current medical coverage/plan, including a relationship with a medical provider;
- Possess sufficient resources to meet existing financial obligations;
- Providing Ashby Village with permission and information (in advance) for whom to contact in the event of an emergency;

Ashby Village reserves the right to deny or discontinue membership in the event that the member does not meet the eligibility criteria above or determines that the individual's needs are otherwise incompatible with Ashby Village capacities. Ashby Village may also discontinue membership in the event it determines an individual is not complying with Ashby Village's Member Code of Ethics.

What We are NOT:

Ashby Village is not a substitute for facilities specifically design to support individuals when they are no longer able to live independently. For example:

- Ashby Village does not provide personal care such as bathing, feeding or dressing
- Ashby Village is not comparable to coverage with long term care insurance

We've Got Limitations

Volunteer services are not guaranteed. Ashby Village volunteers are unpaid and seek to perform tasks to the best of their abilities, but they are not working in a professional capacity. Ashby Village is unable to reimburse for inadvertent damage that occurs in the routine process of assisting a member. The member is responsible for removing any items of special value from the area in which a volunteer will work and for ensuring a safe working environment at all times.

Although Ashby Village shares information about service providers recommended by one or more Ashby Village members, Ashby Village is not responsible for actions or representations made by such third party service providers.

By becoming a member of Ashby Village, members agree not to claim Ashby Village is liable for any cost. Expenses, damages, or attorney fees arising in connection with any claim I (or my insurance carrier) may bring against Ashby Village.

Signature, Primary Member

Date

Signature, Spouse/Partner Member

Date

Photo Release

- 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.

While attending an event where photographs or videos are being taken, if you prefer not to be included, we encourage you to withdraw from the group/area.

Membership Dues Options

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

Additional Support (all donations are tax deductible)

General Fund

It Takes a Village Subsidized Membership Fund

\$25 \$100 \$250
 \$50 \$100 Other

Total: \$ _____

Important notes

- All memberships (annual and installments) are for a period of one year.
- Membership begins on the 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 "Ashby Village".

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