



Office Address: 1000 E. Hillsdale Blvd., Suite 210 Foster City, CA. 94404
Office: 650-378-8541 Email: fcvilleage94404@gmail.com Website: www.fostercityvillage.org

FULL MEMBERSHIP APPLICATION 2018

Member Information (Please print clearly)

Primary Member: _____

Birth date: _____ Gender: F M Retired: Yes No

Telephone: _____ (Hm/Wk/Cell) Email: _____

Address: _____ City: _____ Zip _____

Spouse/Partner: _____

Birth date: _____ Gender: F M Retired: Yes No

Telephone: _____ (Hm/Wk/Cell) Email: _____

Emergency Contact Information:

Primary Contact: _____ Relationship to you: _____

Home Address: _____ Home Telephone: _____

Email: _____ Cell Number: _____

Secondary Contact: _____ Relationship to you: _____

Home Address: _____ Home Telephone: _____

Email: _____ Cell Number: _____

Foster City Village is a network of neighbors in the Foster City area dedicated to support older adults to live independently as they age in their communities by providing social connection, practical assistance, access to services, resources, and education opportunities, and by fostering active engagement in the community. The Foster City Village is a nonprofit corporation under 501(c)(3) of the Internal Revenue Code.

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SERVICES: The Village provides services to Full Members through its corps of neighborhood volunteers. All volunteers submit to a background check. For any services that cannot be provided through the corps of volunteers, such as major home repairs and home health-care needs, the Village will assist members in finding a qualified provider.

FEES: Fees are \$365.00 for an individual and \$475.00 for a couple annually. Annual membership runs for a 12-month period commencing from the date on which the Foster City Village officially accepts this executed agreement and appropriate payment. The annual fee may be increased from time to time, and annual Membership may be renewed subject to agreement of the Member(s) and Foster City Village and payment of the then-applicable annual fee. Membership fees cover all volunteer services provided.

TERMINATION OF AGREEMENT: The undersigned Member(s) may terminate this agreement at any time by providing written notice to the Foster City Village. If the Member(s) terminate(s) this agreement, no portion of the annual fee will be refunded. The Foster City Village reserves the right, in its sole discretion, to terminate this agreement, at any time, if the Foster City Village determines that it is in the best interest of the Foster City Village, its volunteers, other Members or the undersigned Member(s). If the Foster City Village terminates this agreement, it will return a portion of the annual fee paid on a prorated basis from the month of termination.

PRIVACY: The Foster City Village will take all reasonable steps to protect the personal information of its Members. However, where concerns regarding a Member's health or safety arise, the Foster City Village reserves the right to contact the individual(s) listed as non-member contacts or other appropriate people, as determined by the Foster City Village. In addition, to connect a Member with a third-party vendor at the Member's request, the Foster City Village may disclose contact and other relevant information.

WAIVER OF LIABILITY: As a Full Member of the Foster City Village, I understand that the Foster City Village is not affiliated with the third party vendors it may recommend, and I release Foster City Village from all responsibility or liability stemming from the conduct of third party providers, I further indemnify and agree to hold the Foster City Village harmless for any loss, expense or liability arising out of activities of its employees or volunteers, including but not limited to any action I, my heirs and assigns, or my insurance company might bring for negligence, personal injury or invasion of privacy.

As a **Full Member** of the Foster City Village, 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. This Agreement is not meant to create any special relationship giving rise to a duty to aid or protect between myself and the Foster City Village.

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____ I/We give permission for our photograph to be taken and used for publicity related to Foster City Village, be it advertising or marketing.

____ I/We have read the above carefully, and I/We are pleased to become a member of Foster City Village under the terms and conditions described.

Signature, Primary Member

Date

Signature, Spouse/Partner Member

Date

FULL MEMBERSHIP FEES 2018

\$365 Individual Member

\$475 Member and spouse/partner

Enclosed is my check in the amount of \$_____ payable to **Foster City Village**

Send your check to: FOSTER CITY VILLAGE, 1000 E. Hillsdale Blvd, Room 210, Foster City, CA 94404

We will notify you when Foster City Village has received your completed application and membership fee.

____ **Reduced fee and subsidized membership** may be available to those wishing to become members but feel unable to afford annual dues. If you'd like us to assess your eligibility, please check here and we'll contact you. Full Members have access to all services.

Thank you. We look forward to having you as a member of Foster City Village.

FOR YOUR SECURITY, THE FOLLOWING IS DESTROYED AFTER APPROVAL.

Please charge my credit card in the amount of \$_____ M/C. Visa. Discover. AmEx

Name on Card: _____ Expiration Date: _____ (Month/Year)

Card #

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 Security Code: _____

Billing Address: _____

Signature: _____