**FBWE Village Individual Membership Application Agreement**

**The Village:** The Foggy Bottom West End Village is a neighborhood-based nonprofit organization open to residents of the ANC2A. Our mission is to help seniors remain in their homes as long as possible while living their best life possible.

**Services & Programs**: The Village provides a wide array of services to Standard Members through its corps of vetted volunteers. All programs and activities are open to both Standard and Social Members.

**Standard Membership:** Members have access to all Village services, programs, and activities. The cost is $630/year for a household membership.

**Social Membership**: Members have access to all Village programs and activities, but no services. Each year all but $100 of the annual fee of $630 is tax deductible. Social members may switch to Standard membership at any time and lose their tax deduction.

**Reduced Fee Membership**: Members who qualify financially may join at a reduced rate. Confidential inquiries are welcomed by contacting Denise Snyder, Executive Director.

**3-Year Membership**: Available to either social or standard members with a $300 discount over the three years. Social members may deduct all but $100/year on their taxes.

**Criteria for Membership**: All members must be at least 18 years of age and represent by signing this document that they live in a residence that presents no known threats to health or safety.

**Emergencies**: When concerns regarding a member’s health or safety arise, the Village reserves the right to contact the individual(s) listed as emergency contact or other appropriate people, as determined by the Village executive director.

**WAIVER OF LIABILITY**: I understand that the Village is not affiliated with the third-party vendors it may recommend, and I release Foggy Bottom West End Village from all responsibility or liability stemming from the conduct of third party providers. I further indemnify and agree to hold the Village harmless for any loss, expense or liability arising out of the activities of its employees or volunteers, including but not limited to any action I, my heirs or assigns, or my insurance company might bring for negligence, personal injury, or invasion of privacy. As a member of Foggy Bottom West End Village, I understand that the Village is not a provider of emergency services or health-care service and is not a health-care administrator. This agreement is not meant to create any special relationship giving rise to a duty to aid or protect between myself and Foggy Bottom West End Village.

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

**I wish to join the FBWE Village in the following membership category:**

**Individual Membership**

 **1 YR ($630) Social Standard**

 **3 YR ($1,590) Social Standard**

**I consent to becoming a member of Foggy Bottom West End Village by now entering into this Membership Agreement and paying the designated membership fee.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**Member Information:**

DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS (with apt #) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE\_\_\_\_\_\_\_\_\_\_ ZIP CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOME PHONE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CELL PHONE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to You: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payment may be made by check or credit card.**

**Please make your check payable to FBWE Village and mail it to the Village office:**

**2430 K St NW, Washington, DC 20037**

**Name on Credit Card** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Credit Card #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Exp Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Security Code** ­\_\_\_\_\_\_\_\_\_\_\_\_