



Not a place, but a concept...  
Serving people aged 60+ who want to stay  
Comfortably and safely at home,  
Among friends and familiar places.

**MEMBERSHIP FORM**

**MEMBER INFORMATION**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different from above: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**EMERGENCY CONTACT**

Name of a relative, friend, or neighbor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**SPOUSE INFORMATION**

Name: \_\_\_\_\_ Will the spouse be a member? Y N

**PAYMENT INFORMATION**

Amount (pro-rated quote due to fiscal year): \_\_\_\_\_

**LIMITATIONS OF LIABILITY**

As a member of The Athens Village, I understand and agree that the contractors screened for referral to members of The Athens Village will not be employees or agents of The Athens Village, but will be independent contractors. The Athens Village makes no warranty or guarantee regarding the services by such contractors and undertakes no liability for any action or inaction of such providers. The Athens Village does explicitly indicate in its literature and communication to its members this understanding.

**SIGNATURE**

I have read and understood the terms of membership in The Athens Village.

Signature of member(s): \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for helping support the vision of The Athens Village: Seniors Helping Seniors. Please enclose a check totaling \$450 for a single person joining, or \$800 for a two-member household. Payment will be pro-rated.

Fiscal year begins October 1.

Please make check payable to The Athens Village.

Mail forms and dues payment to: The Athens Village, 94 Columbus Road, Athens, Ohio 45701.

How did you hear about The Athens Village?

Are you a veteran? Y N Are you a Mason? Y N

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