



Not a place, but a concept ...
Serving people age 60+ who want to stay
comfortably and safely at home,

MEMBERSHIP FORM

MEMBER INFORMATION

Name:		date of birth:	
Current address:			
City:	State:	ZIP Code:	
Home Phone:	Office phone:	Cell phone:	
E-mail address:			

EMERGENCY CONTACT

Name of a relative, friend, neighbor, etc.		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

SPOUSE INFORMATION

Name:	Will the spouse be a member? Y <input type="checkbox"/> N <input type="checkbox"/>
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PAYMENT INFORMATION

Amount:	<input type="checkbox"/> monthly <input type="checkbox"/> yearly
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REGARDING "THIRD-PARTY CONTRACTORS; LIMITATIONS OF LIABILITY"

As a member of The Athens Village (TAV), I understand and agree that the contractors screened for referral to members of The Athens Village are not employees or agents of TAV, but are independent contractors. TAV 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:	Date:
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- Thank you for helping support the vision of The Athens Village. Please fill out one form for each member in your household who is joining. Please enclose a check totaling \$400.00 for each person joining or \$700 for a two-member household.
- **Checks can be made payable to: The Athens Village**
- If you would prefer to pay monthly (\$35 for single, \$60 for a two-member household), please complete the form entitled "Authorization Agreement for Automatic payments (ACH Debits)."

Mail the forms and dues payment to:

The Athens Village
94 Columbus Road, Athens, Ohio 45701

For service potential (please circle)

Are you a Mason or spouse? Yes No

Are you a veteran? Yes No

How did you hear about the Athens Village?