



MEMBER ENROLLMENT APPLICATION AND AGREEMENT

THIS APPLICATION AND AGREEMENT MUST BE COMPLETED AND SIGNED BY EACH PERSON IN YOUR HOUSEHOLD WHO WISHES TO ENROLL.

TYPE OF MEMBERSHIP: _____ INDIVIDUAL _____ HOUSEHOLD ALL MEMBERSHIPS ARE FOR A ONE YEAR (12 MOS.) PERIOD

LOCAL VILLAGE AFFILIATION (CHECK ONE):

_____ HOMESTEAD _____ MILL VALLEY _____ NOVATO _____ ROSS VALLEY _____ SAN RAFAEL _____ TIBURON PENINSULA _____ TWIN CITIES

CONTACT INFORMATION:

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

STREET ADDRESS _____ CITY _____

ZIP CODE _____ EMAIL ADDRESS _____ (PLEASE ONLY LIST IF YOU USE YOUR EMAIL)

HOME PHONE # _____ CELL PHONE # _____ DATE OF BIRTH: _____

IF HOUSEHOLD COMPLETE FOR OTHER MEMBER:

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

CELL PHONE # _____ EMAIL ADDRESS _____

DATE OF BIRTH: _____

MEMBERSHIP DIRECTORY (OPT OUT): I HEREBY CHOOSE TO OPT OUT OF INCLUDING MY NAME IN A MEMBERSHIP DIRECTORY _____ & _____ (INITIALS)

PAYMENT METHOD -

ANNUAL: INDIVIDUAL: \$365/YEAR OR HOUSEHOLD: \$450/YEAR

MONTHLY PAYMENTS - CREDIT CARD ONLY

MONTHLY, ANNUAL RENEWAL AT EXPIRATION INDIVIDUAL \$32/MONTH OR HOUSEHOLD: \$39/MONTH

CONTINUING, AUTOMATIC RENEWAL * INDIVIDUAL \$32/MONTH OR HOUSEHOLD: \$39/MONTH

*MEMBERS CHOOSING THE CONTINUING PAYMENT METHOD WILL HAVE THE OPTION AT THE END OF EACH ANNUAL MEMBERSHIP CYCLE TO CANCEL MEMBERSHIP AND/OR CHOOSE A DIFFERENT PAYMENT METHOD. MEMBERS WILL BE SENT REMINDERS OF THEIR ANNIVERSARY DATE, INDICATING THAT UNLESS MARIN VILLAGES IS NOTIFIED, THEIR MEMBERSHIP WILL AUTOMATICALLY RENEW FOR A 12 MONTH PERIOD AND THEIR CREDIT CARD WILL CONTINUE TO BE CHARGED THE APPROPRIATE MEMBERSHIP FEE.

PLEASE MAKE CHECKS OUT TO MARIN VILLAGES

NAME ON CREDIT CARD _____

CREDIT CARD NUMBER _____

EXPIRATION DATE _____ 3 DIGIT NUMBER ON BACK OF CARD _____ AMOUNT \$ _____

(CONTRIBUTIONS BEYOND MEMBERSHIP ARE GLADLY ACCEPTED AND ACKNOWLEDGED)

_____ PLEASE CONSIDER ME FOR AN ANNUAL SCHOLARSHIP (MARIN VILLAGES WILL CONTACT YOU TO ASSESS FINANCIAL ELIGIBILITY)

EMERGENCY CONTACT INFORMATION (IN CASE OF HEALTH OR SAFETY CONCERNS)

NAME _____ RELATIONSHIP _____
HOME PHONE NUMBER _____ CELL # _____
EMAIL ADDRESS: _____

ALTERNATE EMERGENCY CONTACT INFORMATION

NAME _____ RELATIONSHIP _____
HOME PHONE NUMBER _____ CELL # _____
EMAIL ADDRESS: _____

AGREEMENT

One of Marin Villages’ primary functions is to ensure the highest possible member satisfaction with the activities and services provided. Marin Villages, however, will not under any circumstance assume any direct or indirect responsibility or liability in connection with services contracted for by members with third party providers recommended by Marin Villages.

As consideration for being accepted as a Marin Villages (hereafter “MV”) member, I (we) agree that I (we), my assignees, heirs and legal representatives will not make any claim against or sue MV, its officers, directors, employees, or agents for any injury or damage resulting from any activity or service rendered by MV, its members, volunteers, or any third-party providers of service, and (ii) release, discharge, indemnify and hold harmless MV, its officers, directors, employees, and agents from any and all actions, claims, demands, losses, costs, liabilities, settlements, damages and expenses that I (we), my assignees, heirs and legal representatives (including without limitation my insurance carrier) may have for any injury or damage I (we) may suffer as a result of my being a member of MV, whether caused directly or indirectly by any negligence attributable to Marin Villages, its officers, directors, employees, agents, or volunteers. Marin Villages reserves the right to be in touch with members’ emergency contacts in case of health or safety concerns.

I (we) hereby authorize Marin Villages (MV) to use any photographs taken of me while I (we) am engaged in MV activities on its website and in its publications and to release such photographs for publication in newspapers, magazines, and other printed materials, without notice or compensation to me, my assignees, heirs, or legal representatives. I (we) further understand that my consent to such release extends to the use of photographs by any Local Village (LV) affiliated with Marin Villages.

I (we) have read the above carefully and I am pleased to become a member of Marin Villages subject to the above terms and conditions.

*** IF YOU HAVE SELECTED THE CONTINUING PAYMENT METHOD, YOU WILL HAVE THE OPTION AT THE END OF EACH ANNUAL MEMBERSHIP CYCLE TO CANCEL MEMBERSHIP AND/OR CHOOSE A DIFFERENT PAYMENT METHOD. PRIOR TO YOUR ANNIVERSARY DATE YOU WILL RECEIVE NOTIFICATION INDICATING THAT UNLESS MARIN VILLAGES IS NOTIFIED, YOUR MEMBERSHIP WILL AUTOMATICALLY RENEW FOR A 12 MONTH PERIOD AND YOUR CREDIT CARD WILL CONTINUE TO BE CHARGED THE APPROPRIATE MEMBERSHIP FEE.**

SIGNATURE _____ **DATE:** _____

SIGNATURE _____ **DATE:** _____

IF HOUSEHOLD, BOTH MEMBERS MUST SIGN

PLEASE MAIL COMPLETED FORM AND AGREEMENT TO:

MARIN VILLAGES-4340 REDWOOD HWY, STE. F-142 – SAN RAFAEL, CA 94903 Phone: 415-457-4633

EMAIL: info@marinvillages.org WEB: www.marinvillages.org