



Your life, your way, in your home

Method of Payment

Check in Full Credit Card in Full Credit Card Monthly

Visa, Discover, MasterCard, or American Express

Credit Card # Expires 3 or 4 Digit Security Code Signature

Please fill in your name as you wish it to appear in our Village Directory and members-online website.

Name 1: Last First Birthdate 1:

Cell 1: () Email 1:

Name 2: Last First Birthdate 2:

Cell 2: () Email 2:

Address: * If city is Palo Alto, do you know your Neighborhood name?

City* State Zip

Home: () Please provide a password for exclusive Village website access (at least 6 lower case characters)

Interest/Hobbies?

Who would you like us to call for you in case of an emergency?

Full Name: Relationship:

Address: Home: ()

Email: Cell: ()

In the event that medical care is needed, which hospital would you expect to be admitted to?

Avenidas Village has developed strategic alliances with El Camino Hospital, Palo Alto Medical Foundation and Stanford Hospital. Is your primary care physician affiliated with the following? (You may check more than one)

El Camino Hospital PAMF - Primary Care Physician Name: Stanford Hospital Other:

Are you a current member of Avenidas? Yes No

If yes, you have two options: Donation balance to Avenidas Request refund if balance is greater than \$25

How did you hear about the Avenidas Village Program?

Why did you join the Avenidas Village Program? Please be specific.

The Avenidas Village Membership Agreement

This Agreement of Membership is entered into by and between the undersigned "Member" and Avenidas Village, a program operated by Avenidas, a California 501(c)(3) not-for-profit corporation.

PREAMBLE

Avenidas Village is dedicated to helping its members enjoy activities and access community services through Avenidas and third-party providers. To this end Avenidas Village offers its Members, primarily through third-party providers, many of the activities and services available to residents of high-quality retirement communities while Members remain independent in their own homes. Membership is available to residents in the general community

Avenidas Village acts on behalf of its membership to identify activities and services desired by its members. Avenidas Village has identified and will continue to select preferred providers who will provide services and activities to members under the appropriate conditions and circumstances to the benefit of members at negotiated reduced prices when possible.

It is Avenidas Village's expectation and purpose to ensure the highest possible member satisfaction with the activities and services provided by it. Avenidas Village cannot, however, assume any direct or indirect responsibility or liability in connection with any service contracted for by a member or by Avenidas Village staff on behalf of a member with a third-party provider who is rendering services as a service provider to members of Avenidas Village.

Annual membership in Avenidas Village is \$925 for a Single Membership and \$1325 for a Dual Membership (2 people in a household). These membership fees do not include charges by third-party providers for outside services rendered by them.

The membership commences on the day Avenidas Village receives the full annual payment, or the first month's installment on the full annual payment if the member chooses to pay monthly. Membership will continue for twelve months through the last day prior to the member's anniversary date of membership. Members who pay their annual fee by credit card will be automatically renewed for the next successive year and continue with credit card payment unless the Member affirmatively notifies the Avenidas Village Director or her designated agent of the Member's election to discontinue. Members are entitled to all of the attributes and benefits of membership of Avenidas Village as they are developed throughout the year.

AGREEMENT

As a Member I agree to pay the annual membership fee established by Avenidas Village. If I pay by credit card, I agree the membership will automatically renew for the following year unless I advise by written or electronic notification the Avenidas Village Director or her designated agent of my election to discontinue. I agree to cooperate with administrative personnel of Avenidas Village to secure services I desire as provided by Avenidas Village. I grant Avenidas Village the right to communicate with my designated contact if an issue of my health or safety arises.

AS AN AVENIDAS VILLAGE MEMBER (i) I HEREBY RELEASE AND DISCHARGE AVENIDAS VILLAGE, AND AVENIDAS, ITS MEMBERS, EMPLOYEES, OFFICERS AND DIRECTORS FROM ALL RESPONSIBILITY OR LIABILITY FOR SERVICES RENDERED BY ANY THIRD-PARTY PROVIDERS, AND (ii) I HOLD AVENIDAS VILLAGE HARMLESS FROM ANY AND AGAINST ANY COST, EXPENSES OR DAMAGES (INCLUDING WITHOUT LIMITATION, REASONABLE ATTORNEY'S FEES) ARISING IN CONNECTION WITH ANY AND ALL CLAIMS BROUGHT BY OR THROUGH ME, INCLUDING BUT NOT LIMITED TO CLAIMS BROUGHT BY MY INSURANCE CARRIER.

I have read the above carefully, and I am pleased to become a member of Avenidas Village under the terms and conditions described.

Print Name

Signature

Date

Print Name

Signature

Date