# Bellingham At Home VILLAGE MEMBERSHIP APPLICATION and AGREEMENT

**VILLAGE: Bellingham At Home** (the “Village”) is a program of the Whatcom Council on Aging, which is tax exempt under 501(c)(3) of the federal income-tax law. Full Household Membership is open to people living within the **Bellingham At Home** boundaries and age 50 and older. Associate Membership does not require living within Bellingham At Home boundaries. Membership runs for 12 consecutive calendar months and requires an annual fee and a signed Village Membership Application and Agreement (this document).

**SERVICES:** The Village provides services to Full Household Members through its corps of neighborhood volunteers. All volunteers submit to a background check. For any services that cannot be provided through the corps of volunteers, such as home healthcare needs, major home repairs and home inspections, the Village will provide the Member with a list of recommended vendors who offer the service. Associate Membership includes membership in the Bellingham Senior Activity Center, eligibility to attend all social events, and referrals to recommended vendors upon request; volunteer services are not included.

**FEES:**

**Full Household Membership** is $450 for applications received after July 1, 2017. Beginning July 1, 2018 the fee is $550. Fees for membership are not tax deductible. Full Household Membership includes one membership in Bellingham Senior Activity Center. Additional members of the household are $50 each.

**Associate Membership** is 50% of the Full Household Membership fee. Membership becomes effective the date the application is approved.

**TERMINATION OF AGREEMENT:** The Village reserves the right, at its sole discretion, to terminate this agreement at any time if it is determined that the needs of the Member cannot be adequately met due to a change in health or independence status. If the Village terminates this agreement, it will return a portion of the annual fee paid on a pro-rated basis from the month of termination. The undersigned Member(s) may terminate this agreement at any time by providing written notice to the Village. Under select circumstances a partial refund for Full Household Membership may apply.

**CONFIDENTIALITY: Bellingham At Home** will take all reasonable steps to protect the personal information of its Members. However, where concerns regarding a Member's health or safety arise, **Bellingham At Home** reserves the right, subject to applicable law, to contact the individual(s) listed as nonmember contacts or other appropriate people (including, without limitation, public safety and emergency response agencies) as determined by **Bellingham At Home**.  In addition, to connect a Member with a third-party vendor at the Member's request, **Bellingham At Home** may disclose contact and other relevant information.

**WAIVER OF LIABILITY:** As a Member of Bellingham At Home, I understand that the Village is not affiliated with the third-party vendors it may recommend, and I release Bellingham At Home 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 and assigns, or my insurance company might bring for negligence, personal injury, or invasion of privacy.

As a Member of **Bellingham At Home**, I understand that the Village is not a provider of emergency services or healthcare services, is not a healthcare administrator, and does not employ licensed health professionals or social workers. This Agreement is not meant to create any special relationship between me and Bellingham At Home that gives rise to a duty to aid or protect.

**VOLUNTEERING:** The success of our Village depends on the concept of both giving and receiving service. Members are encouraged to become vetted volunteers and to volunteer five hours a month. The application to volunteer and details on vetting and vetting fees are available online at [BellinghamAtHome.org](http://www.BellinghamAtHome.org).

**PAYMENT AND FINAL STEPS:** Please read and complete this document carefully, sign it, and submit it with a check for the year’s dues payable to Bellingham At Home, 315 Halleck Street, Bellingham, WA 98225. Once your completed form and payment are processed, you will be contacted by a membership volunteer to set up a time for your initial welcome visit. Your application will be approved following this process.

Please visit the website [BellinghamAtHome.org](http://www.BellinghamAtHome.org) for details about our Membership Application, Membership Criteria, Fees, and Benefits, and the Bellingham At Home Area of Coverage map.

**I certify that I have read and understand this Membership Agreement and wish to become a Member of Bellingham At Home under the terms of this agreement.**

**Primary Member** of the Household

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth:\_\_\_\_\_\_\_\_\_\_

Household Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Tele:\_\_\_\_\_\_\_\_\_\_\_\_\_ home \_\_\_\_\_\_\_\_\_\_\_\_\_\_ mobile

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Member(s)** of the Household Current BSAC Member?

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth:\_\_\_\_\_\_\_\_\_\_ **□ yes □ no**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth:\_\_\_\_\_\_\_\_\_\_ **□ yes □ no**

Select the level of Bellingham At Home membership for your household:

**□ Full Household Membership □ Associate Membership**

**I certify that I have read and understand this Membership Agreement and wish to become a Member of Bellingham At Home under the terms of this agreement.**

**Signatures**

**Primary Member:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Member:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you were referred by current Bellingham At Home member, please let us know who referred you to Bellingham At Home.

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

Please print clearly