

The Village Chicago Member Information Form



(For households, please fill out a separate form for each individual.)

Dr. Mr. Mrs. Ms.	Last Name:	First Name:	Middle:
Preferred Name: (first name, nickname, title?)			
What name(s) should we use on mailings to your household?			
Street Address:		Apt #:	
City:	State:	Zip:	
Home Phone:	Work Phone:	Cell Phone:	
E-mail:			
Gender:	Birth date: / /	Work Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Retired	Pets: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____
Living Status: <input type="checkbox"/> Alone <input type="checkbox"/> with Caregiver <input type="checkbox"/> With Spouse/Partner/ Family/Friend		Special Needs: <input type="checkbox"/> Not applicable <input type="checkbox"/> Uses wheelchair <input type="checkbox"/> Uses mobility device _____ <input type="checkbox"/> Hearing impaired <input type="checkbox"/> Low vision <input type="checkbox"/> Use service animal <input type="checkbox"/> Uses/needs companion support	

Emergency Contact Information

Last Name:	First Name:	Relation:
Street Address:		Apt #:
City:	State:	Zip:
Home Phone:	Work Phone:	Cell:
E-Mail:		

Last Name:	First Name:	Relation:
Street Address:		Apt #:
City:	State:	Zip:
Home Phone:	Work Phone:	Cell:
Email:		

In Case of Medical Emergency

Primary Hospital:	
Primary Insurance:	Secondary Insurance:
Primary Doctor Name:	MD Phone:

Membership Directory

- Include me in the member-to-member directory on our website
- I do not wish to be included

If yes, please indicate what you want listed:

- address home phone cell phone business phone email

The Village Chicago, Inc. Membership Agreement

2502 N. Clark St. Chicago, IL 60614
p: 773.248.8700 f: 773.248.8181
www.thevillagechicago.org



The Village Chicago (the "Village") is an Illinois not for profit corporation that is tax exempt under 501(c)(3) of the federal income tax law. It serves individuals aged 50 and older living in Chicago's north side communities. Its mission is to enhance their quality of life and well-being as they live longer, so that they remain integral, vibrant and contributing members of their communities. The Village does this by connecting its members to the people and services necessary to stay engaged, safe and well. Services are provided by volunteers and carefully vetted service providers (who often work at reduced prices). All Village volunteers who are sent to members' homes have had substantial background checks.

The Village does not employ drivers, nurses, plumbers or any other service providers. It recommends service providers to members on request. The member then hires and pays the service provider directly. Since the Village does not employ and cannot control its service providers, the Village cannot and does not assume any responsibility or liability arising out of any activity by them.

Membership in the Village costs \$540 per year for an individual, \$780 annually for a household of two, and \$900 for a household of three. The Member-Plus program has two levels for those that meet the income criteria. Level one: costs are \$100 per year for an individual and \$150 annually for a household. Level two: costs are \$200 for an individual per year and \$300 annually for a household. The membership year runs for 12 consecutive calendar months starting with the day on which payment is accepted by the Village. Membership fees are subject to change on any anniversary date. All memberships are subsidized in the sense that fees pay only a portion of the Village budget.

In exchange for a person's acceptance by the Village as a member, the member agrees to indemnify the Village from and hold it harmless against any and all loss, expense and liability arising out of or related in any way to (1) the performance of the Village and its agents and (2) the activities of any volunteer or service provider used or recommended by the Village.

Each of the undersigned applicants for the Village membership states that he/she has read and understands the above terms of membership and agrees that he/she and their respective heirs, successors, agents, and legal representatives will be bound by those terms. When a membership is renewed, it will remain subject to this agreement.

Member name (print)

Member name (print)

Member signature

Member signature

Address: (Street, Apt. #, City, State, Zip)

Phone(s)

Cell

E-mail address

Phone(s)

Cell

E-mail address

Membership accepted by: _____ Village title: _____ Date: _____