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**Membership Application**

UpValley Village, a program by Collabria Care, a 501(c) (3), is intended to help its members thrive as they age in their own homes. UpValley Village offers members many in-home services provided by volunteers and staff, referrals to screened third-party providers as well as a range of activities and programs. Our coverage area is from Yountville to Calistoga.

Name (s) please print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

There are three membership categories:

1. **Full UVV Member** receives all in-home services and social benefits. This includes volunteer support at home and with driving, referrals to professional service providers and invitations to special events/activities. This membership level is not tax deductible due to services rendered.
2. **Social Member** receives social benefits including invitations to special events/activities but no in-home or referral services. This membership level is not tax deductible due to services rendered.
3. **Supporting Member** wishes to financially support the Village but requires no services or benefits at this time. This includes regular communications from the Village and access to materials as needed. This membership level is tax deductible.

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1. I/we wish to enroll as a **Full UVV Member** and receive all services and social benefits.

( ) Individual member: @ $600/yr. or $50/month

( ) Household (2+) member: @ $900/yr. or $75/month

( ) I wish to pay monthly

( ) I wish to pay for a full year at a 10% discount

1. I/we wish to enroll as a **Social Member** and receive social benefits only.

( ) Individual member: @ $300/yr. or $25/month

( ) Household (2+) member: @ $450/yr. or $37.50/mo.

( ) I wish to pay monthly

( ) I wish to pay for a full year at a 10% discount

1. I/we wish to enroll as a **Supporting Member**, receiving no services at this time. I would like to make a tax deductible donation to the Village in the amount of

$\_\_\_\_\_\_\_\_\_\_\_

( ) Checked enclosed

( ) Charge to credit card Type of card: ( ) Mastercard ( ) Visa

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3-digit security code (on back of card) \_\_\_\_\_\_\_\_\_\_\_\_\_

Please let us know which Village services are of most interest to you:

( ) Transportation ( ) Small projects around my house ( ) Social activities/programs

( ) Referrals to professional service providers ( ) Technical/computer support

( ) Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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In order for UpValley Village to better meet my needs, I agree to meet with Village staff in my home or the Village office before I am fully enrolled in the program. I also understand that third-party providers may share non-medical data with Village staff, and that staff may consult my contacts in case of health or safety concerns.

Payment of the membership fee constitutes an agreement to (i) release and discharge UpValley Village and Collabria Care from all responsibility or liability for services rendered by any third-party providers, and (ii) hold UpValley Village harmless from 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 the member, including but not limited to claims brought by the member’s insurance carrier.

I have read and understood this application form and I hereby apply to become a member of the UpValley Village under the terms and conditions described.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature for UpValley Village: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Date of Membership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mail or return application to 1474 Oak Avenue, St. Helena, CA 94574

(707) 244-5042 info@upvalleyvillage.org

**THANK YOU FOR JOINING THE UPVALLEY VILLAGE!**

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