



New Rochelle Cares AIP Membership Agreement

New Rochelle Cares AIP (NRC AIP) is a New York State not-for-profit Section 501(c) (3) corporation dedicated to helping its members, as they grow older, live comfortably and confidently in their own homes through the help of volunteers and third-party providers.

NRC AIP acts on behalf of its membership to identify the activities and services most in demand. NRC AIP has identified third - party providers capable of delivering such activities and services under conditions of quality control, at convenient times and places, and sometimes at reduced prices. One of NRC AIP primary functions is to ensure the highest possible member satisfaction with the activities and services provided. Under no circumstances, however, will NRC AIP assume any direct or indirect responsibility or liability in connection with services contracted for by members with third-party providers recommended by NRC AIP. In addition, NRC AIP reserves the right to only accept applications in situations where NRC AIP, in their sole discretion, determines that the service they can provide is consistent with the needs of the proposed member.

Annual membership in NRC AIP costs \$180 for individuals and \$300 for households; \$125 for supporting members (NRC AIP may provide financial assistance with membership fees to members with limited resources. Additional information is available upon request.) Membership begins on the date NRC AIP receives your completed application, agreement and payment and will continue for the next twelve consecutive months. As an NRC AIP member you will be entitled to all the attributes and benefits of the level of membership you have selected.

AGREEMENT: In order for NRC AIP to monitor its members' needs and levels of satisfaction, I authorize volunteers and third-party providers to share non-medical data with NRC AIP about the services I use. NRC AIP reserves the right to be in touch with members' contacts in situations concerning the health or safety of members.



AS A NRC AIP MEMBER (i) I HEREBY RELEASE AND DISCHARGE NRC AIP AND ITS EMPLOYEES AND AGENTS FROM ALL RESPONSIBILITY OR LIABILITY FOR SERVICES RENDERED BY ANY THIRD-PARTY PROVIDER, PREFERRED VENDOR OR VOLUNTEER, AND (ii) I AGREE TO HOLD NRC AIP 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 ME, INCLUDING BUT NOT LIMITED TO CLAIMS BROUGHT BY MY INSURANCE CARRIER.

I HAVE READ THE AGREEMENT CAREFULLY, AND I AM PLEASED TO BECOME A MEMBER OF NRC AIP UNDER THE TERMS AND CONDITIONS DESCRIBED FOR THE MEMBERSHIP LEVEL I HAVE SELECTED BELOW.

Please Check: Individual Household Supporting Member

1st Member

Print Name

Date

Signature

2nd Member
(If Applicable)

Print Name

Date

Signature

August 1, 2015



Membership Application

Date _____

Please Check One: Individual Household Supporting Member

1st Member

Date of Birth _____		
Name		
Last	First	MI
Street Address _____		
City _____	Zip _____	
E-Mail Address _____		
Home Phone # _____	Cell Phone # _____	
Local Emergency Contact		
_____		Relationship _____
Address _____	City _____	State _____ Zip Code _____
Local Emergency Contact Home Phone # _____ Cell Phone # _____		
2 nd Emergency Contact		
_____		Relationship _____
2 nd Emergency Contact Home Phone # _____ Cell Phone # _____		



2nd Member (If Applicable)

Date of Birth _____		
Name		
Last	First	MI
Street Address _____		
City _____		Zip _____
E-Mail Address _____		
Home Phone # _____		Cell Phone # _____
Local Emergency Contact		
_____		Relationship _____
Address _____	City _____	State _____ Zip Code _____
Local Emergency Contact Home Phone # _____		Cell Phone # _____
2 nd Emergency Contact		
_____		Relationship _____
2 nd Emergency Contact Home Phone # _____		Cell Phone # _____