



Membership Agreement

Aging in Place in White Plains (AIPWP) is dedicated to helping its members, as they grow older, live comfortably and confidently in their own homes with the help of volunteers and third-party providers.

AIPWP acts on behalf of its membership to identify the activities and services most in demand. AIPWP 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. As an AIPWP member, you will be billed directly by third-party providers for services they render.

One of AIPWP's primary functions is to ensure the highest possible member satisfaction with the activities and services provided. Under no circumstances, however, will AIPWP assume any direct or indirect responsibility or liability in connection with services contracted for by members with third-party providers recommended by AIPWP. In addition, AIPWP reserves the right to accept applications only in situations where AIPWP, in its sole discretion, determines that the service it can provide is consistent with the needs of the proposed member.

Annual membership in AIPWP costs \$100 for individuals and \$150 for households. (AIPWP may offer a reduced membership fee to members with limited resources. Additional information is available on request.) Membership begins on the date AIPWP receives your completed application, agreement and payment, and continues for twelve consecutive months. (Memberships beginning prior to 12/31/2011 continue to 12/31/2012.) As an AIPWP member you will be entitled to all the attributes and benefits of membership.

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

As an Aging in Place in White Plains member (i) I hereby release and discharge Aging in Place in White Plains 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 Aging in Place in White Plains 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 (we) have read the agreement carefully, and I am (we are) pleased to become a member (members) of Aging in Place in White Plains under the terms and conditions described above.

Member: _____
Print Name Date

Signature

(2nd Member): _____
Print Name Date

Signature

Return to: Aging in Place in White Plains, P.O. Box 815, White Plains, NY 10602