

## LAKE BARCROFT VILLAGE MEMBERSHIP AGREEMENT

Lake Barcroft Village, a Virginia tax-exempt non-profit corporation under 501(c) 3 of the Internal Revenue Code, is a community-based network of neighbors helping neighbors.

The Village provides services to Members through its group of neighborhood volunteers, all of whom submit to a background check. For any services that cannot be provided by volunteers, the Village will assist Members in finding qualified providers.

The annual fee for membership in the Village is \$500 for an individual and \$750 for a couple. Membership runs for a 12-month period. Those joining will become active members the first day of the month following the day the Village accepts the executed agreement and appropriate payment, unless otherwise agreed by both parties. The annual fee may be increased from time to time, and annual membership may be renewed subject to mutual agreement and payment of the then-applicable annual fee. Membership fees cover all services provided by Village volunteers, not including out of pocket expenses incurred.

The Village reserves the right, in its sole discretion, to terminate this agreement at any time if it determines that it is in the best interest of the Village, its volunteers, other Members or the undersigned Member(s). If the Village terminates this agreement, it will return a portion of the annual fee paid on a prorated basis from the month of termination. The undersigned Member(s) may terminate this agreement when a change in living situation results in member moving out of the Lake Barcroft community, LBV will return a portion of the annual fee paid on a prorated basis from the month of termination.

The Village will take all reasonable steps to protect the personal information of its Members. However, where concerns regarding a Member's health or safety arise, the Village reserves the right to contact the individual(s) listed as non-member contacts or other appropriate people, as determined by the Village. In addition, to connect a Member with a third-party vendor at the Member's request, the Village may disclose contact and other relevant information.

The undersigned Member(s) of Lake Barcroft Village understand(s) that the Village is not affiliated with third party vendors it may recommend, and the Member(s) release the Village from all responsibility or liability stemming from the conduct or performance of such vendors. The Member(s) further agree(s) to indemnify and hold the Village harmless for any loss, expense or liability arising out of the activities of the employees or volunteers, including but not limited to any action Member(s)' heirs and assigns or Member(s)' insurance company might bring for negligence, personal injury or invasion of privacy.

Member(s) understand(s) that the Village is not a provider of emergency services or health-care services, is not a health-care administrator, and does not employ licensed health professionals or social workers. Village volunteers are not permitted to provide routine ADL (activities of daily living) care, nursing, feeding, lifting, shaving, and similar services. This Agreement is not meant to create any special relationship giving rise to a duty to aid or protect between the Member(s) and Lake Barcroft Village.

## AGREED BETWEEN: LAKE BARCROFT VILLAGE

Post Office Box 4645, Falls Church, Virginia 22044 703-354-0652, <a href="mailto:lbvcoord@lakebarcroftvillage.org">lbvcoord@lakebarcroftvillage.org</a>

## AND

Member(s) Name(s) Printed	
Street	Address
City, State	e, Zip code
Home Phone, Cell P	hone, Email Address
Membership Valid from	to
Lake Barcroft Village President's Signature	Member(s) Signature(s)
President	Member(s) Name(s) Printed
(Date)	(Date)
Check here if you prefer <u>not</u> to be listed with other members on the Village	Contact person and relationship
website and publications.	(Name(s)) (Relationship)
"Get a Member, Get a Month!" We realize that one of our current members may	(Street Address)
have recommended the Lake Barcroft Village and all its benefits to you. We want to recognize them by giving them an extra month on their membership. If	(City, State and Zip Code)
so, please identify that member below so that we may thank them!	(Home phone) (Cell Phone)
	(Email Address)