



Mount Pleasant Village, Washington, DC

3213 Mount Pleasant Street NW #2, Washington DC 20010. www.mountpleasantvillage.org

MEMBERSHIP APPLICATION FORM

Mount Pleasant Village is a nonprofit, all-volunteer membership organization that enables members to celebrate the opportunities and meet the challenges of aging in community. We support each other through social, cultural and wellness activities; neighbor-to-neighbor services; and information plus resources to help us age and live well. We strive to be inclusive and diverse by outreach to our neighbors, and through partnerships with other organizations in Mount Pleasant and throughout the city.

Please Print (so we have the correct spelling)

Name(s): _____

Address: _____

Cell Phone(s): _____ Home Phone: _____

Email (1): _____ Email (2): _____

Membership Fee: \$50 per individual; \$100 per couple

_____ I am requesting a waiver of my membership payment.

I wish to make an additional tax-deductible donation to support the work of the Village: \$ _____

Please mail checks to: **Mount Pleasant Village and send to 3213 Mount Pleasant Street NW #2, Washington DC 20010**

Liability Waiver: I understand that MPV services are provided by volunteers, not professionals. I agree to indemnify and hold the Village harmless for any loss, expense or personal injury arising from activities of its employees or volunteers including, in cases of automobile accidents, volunteer drivers. I further waive all liability against the Village for injury due to accident, negligence or breach of privacy. This waiver applies to any action brought by myself, my heirs and assigns, or my insurance company. Furthermore, I release the Village from all responsibility or liability stemming from the conduct of professional providers it may recommend, as the Village is neither affiliated with nor has oversight of third-party vendors. Further, I understand 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.

Signature (1) _____ **Date:** _____

Signature (2) _____ **Date:** _____

Emergency Contact(s): A Local Emergency Contact is a trusted friend or family member living nearby and no more than an hour's drive from Mount Pleasant. He or she could be another Village member, but should be someone other than one's spouse/partner. MPV will take all reasonable steps to protect the personal information of its members. Where concerns regarding a member's health or safety arise, MPV might contact the individual(s) listed by the member as their emergency contact(s).

Local Emergency Contact:

(1) Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

Additional Emergency Contact:

(2) Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

Are you interested in **Volunteering**? Assisting other members through the Neighbors Helping Neighbors (Service Volunteers) program? _____

Working on or helping out with committees? _____

Committees are critical to our success and are staffed by members. Please consider volunteering to work on one or more of the following committees.

Governance ____ Finance ____ Development ____ Membership ____ Programs ____

Service Volunteers ____ Partnerships ____ Communications ____ Diversity ____

Once we receive your completed Membership form and payment, you will be assigned to a Cluster Coordinator (a village member who lives close by) to further discuss your interests and needs in order to help Mount Pleasant Village and you make the most of your Village experience.

Josephine Escalante
Co-Chair, Membership Committee
josephineescalantedc@gmail.com

Michael Burke
Co-Chair, Membership Committee
mburkedca@gmail.com