

## Membership Application

Rapp At Home Inc is a non-profit 501(c)(3) corporation (status applied for) founded by Rappahannock County residents to help its members thrive as they age in their own homes. Rapp At Home Inc provides a wide variety of activities and programs, as well as services from volunteers, staff, and third-party providers (often with preferred treatment and discounts).

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

Birth date(s) for each member: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

In order for Rapp At Home Inc to meet its members' needs, I agree that third-party providers may share non-medical information with Rapp at Home staff, and that the staff may consult my contacts in case of health or safety concerns.

**Payment of the membership fee constitutes an agreement to release and discharge Rapp At Home Inc from all responsibility or liability for services rendered by any third-party providers.**

I have read and understood this application form, and I hereby apply to become a member of Rapp At Home under the terms and conditions described.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature for Rapp At Home \_\_\_\_\_

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

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

I/we wish to enroll as: \_\_\_\_\_ \$280 Annually Individual Member \_\_\_\_\_ \$360 Annually Household Members  
*For reduced-fee membership, please call the office. Scholarships may be available.*

Check enclosed \_\_\_\_\_ \$ \_\_\_\_\_ Charge credit card Type of card: MasterCard VISA

Account number: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
(mm dd yyyy)

3-digit security code: \_\_\_\_\_ (on back of credit card) I wish to be charged at this number quarterly \_\_\_\_\_