



Membership Application

Rapp At Home Inc is a non-profit 501(c)(3) corporation 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: _____

Emergency Contact _____ Phone _____

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

Unless otherwise notified in writing, Rapp at Home may share my name as a member with other Rapp at Home members. (Initial here to withhold sharing your name as a Rapp at Home member _____)

I grant Rapp at Home, its representatives and employees the right to take photographs of me in connection with Rapp at Home events and services. I authorize Rapp at Home to copyright, use and publish the same in print and/or electronically.

I agree that Rapp at Home may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

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 _____

Choose a membership below:

	I wish to enroll as an Individual Member for \$280 annually.
	We wish to enroll as Household Members (2 or more people in the same house) for \$360 annually.
	I/we certify that my/our annual income is less than \$18,000 for an individual or less than \$24,000 household and request to be enrolled as a member at no cost.
	I/we certify that my/our annual income is between than \$18,001 and \$30,000 for an individual or \$24,001 and \$40,000 for my household and request to be enrolled as a member for \$100 annually.

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 _____

Please return your application to us at:

Rapp at Home
PO Box 193
Washington, VA 22747