

GEORGETOWN VILLAGE, INC.
Membership Information Form & Invoice



_____ Yes, I want to be an Individual Member at a cost of \$600 per year
_____ Yes, We want to be Household Members at a cost of \$900 per year
_____ Social Membership (All but \$100 is tax deductible. Prices as stated above)

Full Name Member 1 _____ D.O.B. _____
(Please Print Clearly)

Email Member 1 _____ Cell Phone _____

Full Name Member 2 _____ D.O.B. _____
(Please Print Clearly)

Email Member 2 _____ Cell Phone _____

Street Address _____ Apt/Unit # _____

City & State _____ Zip _____ Home Phone _____

Other Phone Numbers we can reach you on: _____

Privacy: Georgetown (GV) will take all reasonable steps to protect the personal information of its Members. However, where concerns regarding a Member's health or safety arise, GV reserves the right to contact the individual(s) listed by the Member as the emergency contact(s).

Emergency Contact Information

Name(s) _____ Relationship _____

Address _____ City & State _____ Zip _____

Cell Phone _____ Email Address _____

Waiver of Liability: I understand that Georgetown Village (GV) services are provided by volunteers, not professionals. I agree to indemnify and hold GV harmless for any loss, expense or personal injury arising from activities of its employees or volunteers including, but not limited to, automobile accidents involving volunteer drivers; medical note-taking or recordings or reporting errors by GV volunteers; and in cases of hospital visitations, any accidents, injuries or reporting errors. I further waive all liability against GV 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 GV from all responsibility or liability stemming from the conduct of professional or other service providers it may recommend as the GV is not affiliated with and does not have any oversight of these third party professional or other service providers.

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We would love to have you get involved-please check any/all that interest you:

Please check or initial Groups or Activities that you are interested in participating in:

___ Gardening ___ Book Club ___ Walking ___ Dinner Out ___ Theater ___ Yoga ___ Exercise ___ Movies
___ Monthly Coffee/Tea ___ Evening/Weekend activities ___ Bridge/Cards ___ Brain Games
___ Docent-Led Museum Trips. Tell us your ideas: _____

Volunteering and/or Serving on Committees with Georgetown Village:

Member 1 _____ I would also like to volunteer _____

___ Membership Services Activities ___ Office Administrative Help ___ Volunteer to Assist other Members
Committees: ___ Fundraising ___ Communications ___ Events ___ Healthcare ___ Programs & Activities

Member 2 _____ I would like to volunteer _____

___ Membership Services Activities ___ Office Administrative Help ___ Volunteer to Assist other Members
Committees: ___ Fundraising ___ Communications ___ Events ___ Healthcare ___ Programs & Activities

Our Volunteers: Georgetown Village (GV) offers an array of services to our Members. Most services are provided by volunteers who contribute their time to assist their neighbors. All volunteers attend a mandatory training program and submit to a criminal background check. Transportation volunteers have an additional background check processed by the Department of Motor Vehicles. For medical note-taking, GV educates volunteers using the Medical Note-Taking Manual for Note Takers developed by Iona and Northwest Neighbors Village in 2015. For Friendly Companion hospital visitation, GV educates volunteers using the Friendly Companion Manual developed by Iona and GV in 2016. However, volunteers **do not have medical training and are not permitted to offer medical care or advice.** GV is not a provider of emergency or professional health care services and does not employ licensed healthcare professionals. In an emergency, a volunteer will call 911 and remain with the Member until qualified medical care is obtained.

Member 1-Print Name	Signature	Date
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Member 2-Print Name	Signature	Date
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PLEASE COMPLETE AND RETURN THIS FORM IN THE ENVELOPE PROVIDED
Lynn Golub-Rofrano, Executive Director
Georgetown Village, Inc.
P.O. Box 3563 Washington, D.C. 20027

Note: GV is a 501(c)(3) organization only Social Membership dues are partially tax deductible by law, as no goods or services are received. Members must be 55 years of age or older.