

**Discover Gramatan Village Membership Application**

Please complete this application and read and sign the membership agreement on the reverse side to become a member of Gramatan Village under the terms and conditions described.

Name \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

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

**Member #2 if Applicable**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

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

**Please select one:**

**Discover Gramatan Village Membership:** (new members only; rate valid for one year from date of enrollment)

Individual \$145.00/year \_\_\_\_\_

Family \$190.00/year \_\_\_\_\_

Payment: Check Enclosed \_\_\_\_ Credit Card \_\_\_\_

Charge my credit card in the amount of \$ \_\_\_\_\_ Please Circle One (VISA/ MC/ AMEX)

Card#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVC#: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please return your application to  
Gramatan Village, 85 Pondfield Road, Bronxville, NY, 10708.**

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For office use only: Membership Term: \_\_\_\_\_ Neon: \_\_\_\_\_ CC: \_\_\_\_\_



***Gramatan Village Membership Agreement***

**Terms:** Gramatan Village, Inc. (“GV”) is a New York State not-for-profit Section 501(c) (3) corporation dedicated to helping its members live life comfortably and confidently in their own homes as they grow older. To this end, GV has arranged to offer its members, primarily through third-party providers, many of the activities and services available to residents of conventional high-quality retirement communities.

Annual membership begins on the first day of the month in which you pay your fee and will continue for the next twelve consecutive months. If you chose to pay monthly, it is a twelve month commitment with a recurring monthly charge to your credit card.

GV acts on behalf of its membership to identify the activities and services most in demand. GV has identified third-party providers capable of delivering such activities and services under conditions of quality control, at convenient times and places, and sometimes at reduced prices. As a GV member, you generally will contract directly with and be billed for services by third-party providers.

One of GV’s primary functions is to ensure the highest possible member satisfaction with the activities and services provided. GV, however, will not under any circumstances assume any direct or indirect responsibility or liability in connection with services contracted for by members with third party providers recommended by GV.

**AGREEMENT:** In order for GV to monitor its members’ needs and levels of satisfaction, I authorize third-party providers to share non-medical data with GV about the services I use. GV reserves the right to be in touch with members’ contacts in case of situations of health or safety concerns.

AS A GRAMATAN VILLAGE MEMBER (i) I HEREBY RELEASE AND DISCHARGE GRAMATAN VILLAGE FROM ALL RESPONSIBILITY OR LIABILITY FOR SERVICES RENDERED BY ANY THIRDPARTY PROVIDERS, AND (ii) I AGREE TO HOLD GRAMATAN VILLAGE HARMLESS FROM AND AGAINST ANY COST, EXPENSES OR DAMAGES INCLUDING, WITHOUT LIMITATION, REASONABLE ATTORNEY’S FEES, ARISING IN CONNECTION WITH ANY AND ALL CLAIMS BROUGHT BY OR THROUGH ME, INCLUDING BUT NOT LIMITED TO CLAIMS BROUGHT BY MY INSURANCE CARRIER.

Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

Signature: (Member #2 if applicable) \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_



## Membership Application Addendum

Member's name(s): \_\_\_\_\_

How do you prefer to be contacted? \_\_\_\_\_

Is there any way GV can be of immediate help to you? YES  NO

**Please Specify Current Needs / Interests (Check all that apply):**

Weekly, friendly check in call ?

Rides to Dr./Shopping

Scheduling your Vaccine / Booster Appointment  YES  NO

Online Shopping

Online workshops  Topic(s) of interest: Art  History  Other

Topic(s) of interest: Film  Books  Men's Group  Current Events

Walking Club

Other: \_\_\_\_\_

Information and Referrals regarding Aging / Elder Care

Specific Topics: \_\_\_\_\_

Are you interested in volunteering? YES  NO

Additional Notes:

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