

The Village Common of Rhode Island

Aging Better Together

Membership Application

PLEASE PRINT

Local Village _____

Name of Membership Ambassador _____

Type of Membership (check one) Individual ☐ Dual ☐

Date _____

FIRST HOUSEHOLD MEMBER INFORMATION

Contact Information

First Name _____ Middle Initial _____ Last Name _____

Nickname _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Home Phone (Landline) _____ Cell Phone _____

Preferred Phone for Contact (check one) Home Phone (Landline) ☐ Cell Phone ☐

Email Address _____

Emergency Contact

First Name _____ Middle Initial _____ Last Name _____

Home Phone (Landline) _____ Cell Phone _____

Email Address _____

Relationship to Member _____

Optional Second Emergency Contact

First Name _____ Middle Initial _____ Last Name _____

Home Phone (Landline) _____ Cell Phone _____

Email Address _____

Relationship to Member _____

Additional Information

Date of Birth _____ Gender _____

For each of the following phrases, select the response that best fits your situation:

	Yes	No	Sometimes (explain)
Difficulty hearing			
Vision is limited			
Use a walker			
Use a cane			
Use a wheelchair			
Use the internet			
Use email/ regularly check inbox			
Use voicemail			
Use texting			

Covid Vaccination Status (check all that apply)

First dose(s) ☐ Booster ☐ Second Booster ☐ Third Booster ☐

Newsletter

The TVC newsletter is distributed primarily via email. Would you like a printed copy mailed to your household? (check one)

Yes ☐ No ☐

Volunteering

Would you like to learn about volunteer opportunities in TVC and your local village? (check one)

Yes ☐ No ☐

SECOND HOUSEHOLD MEMBER INFORMATION (if applying for dual membership)

Contact Information

First Name _____ Middle Initial _____ Last Name _____

Nickname _____

Home Phone (Landline) _____ Cell Phone _____

Preferred Phone for Contact (check one) Home Phone (Landline) ☐ Cell Phone ☐

Email Address _____

Emergency Contact

First Name _____ Middle Initial _____ Last Name _____

Home Phone (Landline) _____ Cell Phone _____

Email Address _____

Relationship to Second Member _____

Optional Second Emergency Contact

First Name _____ Middle Initial _____ Last Name _____

Home Phone (Landline) _____ Cell Phone _____

Email Address _____

Relationship to Second Member _____

Additional Information

Date of Birth _____ Gender _____

For each of the following phrases, select the response that best fits your situation:

	Yes	No	Sometimes (explain)
Difficulty hearing			
Vision is limited			
Use a walker			
Use a cane			
Use a wheelchair			
Use the internet			
Use email/ regularly check inbox			
Use voicemail			
Use texting			

Covid Vaccination Status (check all that apply)

First dose(s) ☐ Booster ☐ Second Booster ☐ Third Booster ☐

Volunteering

Would you like to learn about volunteer opportunities in TVC and your local village? (check one)

Yes ☐ No ☐

MEMBERSHIP DUES AND DONATIONS

Dues Level

The Village Common of RI is a non-profit organization. Dues are structured so that all Rhode Islanders can afford to be a member of The Village Common of RI. Please select the dues level that best suits your circumstances.

Individual Household (check one)

\$480 per year ☐ \$40 per month ☐

\$300 per year ☐ \$25 per month ☐

\$120 per year ☐ \$10 per month ☐

Dual Household (check one)

\$720 per year ☐ \$60 per month ☐

\$480 per year ☐ \$40 per month ☐

\$180 per year ☐ \$15 per month ☐

If you are unable to pay any of these amounts, please write in another amount below.

If individual household: Amount per year \$ _____ OR Amount per month \$ _____

If dual household: Amount per year \$ _____ OR Amount per month \$ _____

Donations

Donations make it possible for all older adults to join The Village Common of RI regardless of income. Please consider making a generous tax-deductible contribution to help your fellow Rhode Islanders.

You may donate easily through our website at (www.villagecommonri.org) using PayPal or your credit card. To donate by check, please make your check payable to “Village Common of RI” and mail it to 245 Waterman Street, Suite 406, Providence RI 02906.

For additional information on different ways you may contribute, such as through IRA disbursements or trusts, please speak with your financial advisor or call the TVC office at 401-228-8683. The Village Common of Rhode Island is a 501(c)(3) non-profit organization.

Dues Payment Method (check one)

☐ **Credit/Debit Card**

Card Company (e.g., Amex, Visa, Mastercard) _____

Name on Card _____

Card Number _____

Expiration Date _____

Security Code (CVV) _____

Address of Cardholder (if different from member)

☐ **Bank Payment**

Contact your bank to make arrangements.

☐ **Bank Withdrawal Authorization**

Include a voided check or provide the bank routing and account numbers.

☐ **PayPal**

☐ **Personal Check**

MEMBERSHIP AGREEMENT

The Village Common of RI is a non-profit corporation organized under Rhode Island law. The Village Common of RI has been approved by the Internal Revenue Service for tax-exempt status under Section 501(c)(3) of the federal income tax code.

Through its local village volunteers, The Village Common of RI provides benefits to Members through its corps of volunteers. For any benefits that cannot be provided through this corps of volunteers, The Village Common of RI will assist Members to the best of its ability in finding a qualified provider.

The goal of The Village Common of RI is to help Members within designated neighborhoods of Rhode Island to stay at home in their communities as they age. The Village Common of RI accomplishes this by connecting its Members to the people and services necessary to maintain home, health, and community.

Benefits

The Village Common of RI offers Individual Membership to one person, and Dual Membership to an Individual and one Spouse or Partner residing at the same legal address. Individual and Dual Memberships entitle the Members to all rights and privileges offered to any Member of The Village Common of RI.

Privacy

The Village Common of RI will take all reasonable steps to protect the personal information of its Members. However, when concerns regarding a Member's health or safety arise, The Village Common of RI reserves the right to notify those listed as emergency contacts by the Member in their application. In addition, to connect the Member with a third-party vendor at the Member's request, The Village Common of RI may disclose relevant information.

Dues

Membership in The Village Common of RI requires timely payment of Membership dues. Non-payment of Member dues within 30 days after the due date is cause for cancellation of Membership.

Affiliations

The Village Common of RI is an independent, private non-profit corporation governed by a Board of Directors whose Members serve without compensation. The Village Common of RI does not enter into any financial agreements with third-party vendors that it recommends, and/or that provide financial benefit to Members of the Board or to The Village Common of RI.

Termination of Agreement

The Member and The Village Common of RI each reserves the right, at their sole discretion, to terminate this agreement at any time by giving notice in writing or via email. In the event of termination, the Member shall receive a refund of any dues that have been paid in advance for any full 30-day period(s). Termination initiated by The Village Common of RI may occur at any time that The Village Common of RI determines that it is in the best interest of The Village Common of RI, its volunteers, other Members, or the undersigned Member(s).

Waiver of Liability

As a Member of The Village Common of RI, I understand that The Village Common of RI is not affiliated with any third-party vendors that it may recommend who provide any consultation, service or work to a Village Common Member and I release The Village Common of RI and its representatives from all responsibility or liability stemming from the actions or conduct of third-party providers. I further indemnify and agree to hold The Village Common of RI and its representatives harmless for any damage, loss, expense (including reasonable attorneys fees), cost, or liability arising out of the activities of its management, employees, staff, agents, or volunteers, including but not limited to any action I, my heirs and assigns, or my insurance company might bring for negligence or intentional acts resulting in property or other damage, loss, personal injury, invasion of privacy, or the like.

As a Member of The Village Common of RI, I understand that The Village Common of RI is not a provider of emergency services or healthcare services, is not a healthcare administrator, and does not employ licensed health professionals or social workers and as such The Village Common or RI, its management, staff, employees or volunteers shall not be held responsible for any such recommendations. I understand that this Membership agreement does not create any special relationship giving rise to a duty to aid or protect The Village Common of RI and myself.

I/We certify that I/We have read and understand this Membership Agreement and wish to become a Member of The Village Common of RI under the terms of this agreement.

Member #1 Print Name

Member #2 Print Name

Signature

Signature

By typing your name(s), you acknowledge it is the same as your signature(s).

Membership Ambassador

Date

MEMBERSHIP AMBASSADOR NOTES

Please write any notes below.

NEXT STEPS

Your Membership Ambassador will submit your Membership application to the TVC office. Once your application has been processed you will receive an email or telephone call (if you do not have an email address) to welcome you to our village family and provide you with your unique Member ID and a temporary password. You will use these to sign into our website (www.VillageCommonRI.org), where you will find resources such as our Calendar of events and Membership Directory.

If you need assistance changing your membership password, or to arrange services, please contact a Member Services Coordinator at 401-441-5240. They are available M-F, from 9:00 AM to 5:00 PM.

We thank you for becoming a member of The Village Common of Rhode Island!

FOR OFFICE USE ONLY

Member Number _____

Dues Start Date: Month _____ 1st _____ or 15th _____

Date Application Completed _____

Date Application Received in TVC Office _____

Date Information Entered into Club Express _____

Date Information Entered into QuickBooks _____