

## **SOCIAL Membership Agreement**

Member NAME(S):	:	Date:						
-	nber of Santa Barbara Village you are pa and happy lives in their own homes.	rt of an organization that inspires						
and cultural activi	ssistance, Vetted/Discounted Service Providers, and more. Contact us to out these two Membership types.]							
<b>Information Assist</b>	VER and GOLD Members access the above plus: Vetted Volunteers, No-Cost rides, rmation Assistance, Vetted/Discounted Service Providers, and more. Contact us to n more about these two Membership types.]							
Basic Eligibility:								
	nged 50 or better and live in the area ext h Goleta, California. A member does not	-						
Membership Dues	<b>:</b> :							
	g Members agree to pay their year's mer this full payment in advance, and, for a li Tree.							
	ng Memberships agree to pay their year redit card* or check.	's membership dues each month, in						
Santa Barbara Vill	lage Contact Information:							
Website:	www.sbvillage.org							
Email:	info@sbvillage.org							
Mailing Address:	PO Box 2191, Santa Barbara, CA 9312	20						
Physical Address:	15 E. Carrillo Street, Santa Barbara, C	A 93101						

(We are in the Union Bank / Community Partners, Carrillo-Hill Adobe)

(805) 729-8828 or (805) 729-5038

Phone:

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## **Membership Information:**

Your membership begins on the first day that Santa Barbara Village is in receipt of both your completed Membership Application & Agreement form and payment of membership dues, unless you have made other arrangements with our Executive Director in advance, and will continue for the next twelve (or thirteen) consecutive months.

Memberships are annual and are not available on a month-to-month basis, but payments can be made on a monthly basis if paid in advance.

As a Santa Barbara Village member you can access all of the attributes your membership level offers. For services available on a fee-for-service basis you will contract directly with and be billed for services by those third-party providers; however, Santa Barbara Village members receive preferred treatment from those providers, including, in many instances, reduced fees. One of our primary functions is to ensure the highest possible member satisfaction with the activities and services provided. Santa Barbara Village will not, however, assume any direct or indirect responsibility or liability in connection with services contracted for by members with third party providers recommended by Santa Barbara Village.

Santa Barbara Village screens service providers and vendors and accepts member's reviews of their service. If a vendor receives poor reviews from our members, Santa Barbara Village engages in a follow-up whereby the provider either resolves the identified problem(s) to Santa Barbara Village's satisfaction or is removed from our provider list.

## **Agreement**:

Santa Barbara Village reserves the right to be in touch with members' contacts in case of situations of health or safety concerns.

As a Santa Barbara Village member, (1) I hereby release and discharge Santa Barbara Village, and its fiscal sponsor, Community Partners, from all responsibility or liability for services rendered by any third party providers, including volunteers; (2) I agree to hold Santa Barbara Village, and its fiscal sponsor, Community Partners, 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.

In order for Santa Barbara Village to monitor its members' needs and satisfaction, I authorize third-party providers to share non-medical data with SB Village about the services I use.

In the event I decide to terminate this contract before the full one-year term, I acknowledge and agree to the following: I will provide a minimum of 30 days written notice, with termination effective on the first day of the next full membership month following my notice. I agree that a refund, if requested, will be calculated on the remaining amount, prorated from the effective date of termination through the period of time for which I have paid. In the event of the death of a member, a refund may be requested in writing by the member's heir(s) or surviving spouse and will be prorated on the remaining amount of the membership term from the first day of the membership month following the date of death. In the above scenario, I (or if applicable, my

heir(s) or surviving spouse) also have the option of designating the remaining refund amount as a tax-deductible contribution to Santa Barbara Village, for which I, (or if applicable, my heir(s) or surviving spouse) will receive a letter to use for tax purposes.

Santa Barbara Village reserves the right, in its sole discretion, to terminate this agreement at any time if the Village determines that it is in the best interest of the Village, its members, its volunteers, or the undersigned member. If the Village terminates this agreement it will refund the portion of the annual fee paid remaining, on a prorated basis from the date of termination.

I have read the above carefully and agree to become a member of Santa Barbara Village under the terms and conditions described above:

Member's Printed Name		Memb	Date	
2 <sup>nd</sup> Member's Prin (If Two-Person Ho		Z <sup>nd</sup> M€	ember's Signature	Date
following inf between mer	ormation in its <i>Men</i> nbers to connect, no	ber-to-Mer t for use fo	<b>ne)</b> give SB Village permis mber Directory, a directory r any form of unwanted so	y solely for use licitation:
First Name.	Last Name. Phone	#. Email.	Neighborhood (not your	address).
Payment:				
Check attached:		•	REE!) Individual SOCIAL M	-
Check attached:	_		ndividual SOCIAL Members -Person SOCIAL Membershi	-

<sup>\*</sup>Credit Card payment: If you wish to pay your dues via credit card, please contact us.  $\sim$ 3% will be added to credit card payment(s) to cover fees charged to SB Village.

## **SANTA BARBARA VILLAGE: MEMBERSHIP APPLICATION**

Complete and return this form with your payment. Please print clearly.

MEMBER NAME(S)		Member 1		Birth D	Birth Date		
		Member 2		Birth D	ate		
Home Addres	SS						
Street 8	& Unit #						
City, Sta	ate, Zip						
Member 1 (_	) ell phone		( <u>)</u> home phone		) other		
	) ell phone		( <u>)</u> home phone		) other		
Email(s) M	lember 1_						
M	Iember 2_						
Phone N	Numbers	() cell phone	(	er			
Email_							
If paying for	a membe	ership for some	one else please p	rovide your infor	mation:		
Relationship	to membe	r(s): Adult (	Child Adult (	Grandchild	Friend	Other	
Name							
Complete Mai	iling Addr						
() cell phone			one				