



## New Member Application

Welcome! Pasadena Village is committed to helping older adults support each other as they age in place. We are so grateful for your interest in joining Pasadena Village as a Member. Please fill out this form and submit your payment to the Village Office. If you have any questions, please contact the Village Office at 6267656037 or [info@pasadenavillage.org](mailto:info@pasadenavillage.org)

### **Annual Membership Fee**

Please refer to the Membership Fee Structure Document to determine which Tier is applicable for your circumstances.

- |   |       |  |
|---|-------|--|
| <input type="checkbox"/> Individual, Tier A | \$680 | <input type="checkbox"/> Household, Tier A \$960 |
| <input type="checkbox"/> Individual, Tier B | \$360 | <input type="checkbox"/> Household, Tier B \$480 |
| <input type="checkbox"/> Individual, Tier C | \$120 | <input type="checkbox"/> Household, Tier C \$180 |

### **I will pay my fee:**

- ☐ Annually                      ☐ Quarterly\*                      ☐ Monthly\*

\*see Payment Plan information on the Annual Fee Structure Document for more information

- ☐ I AGREE TO THE FOLLOWING: My income level corresponds to the tier I selected.  
If you have extenuating circumstances, please speak with the Executive Director before returning this form.

### **Payment**

My payment of \$\_\_\_\_\_ includes membership dues (or my first installment). Enclose your check, payable to Pasadena Village, with this form, or provide your credit card information below. Credit card charges may appear on your statement as "Club Express," our online vendor.

### **Credit Card Information**

- ☐ Mastercard                      ☐ Visa                      ☐ American Express

Card Number: \_\_\_\_\_

Expiration Date (MM/YYYY): \_\_\_\_\_ Authorization Code Numbers: \_\_\_\_\_

Cardholder Name (please print): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Credit card payments can also be made at <https://www.paypal.com/paypalme/pasadenavillage>

I understand that my fee is nonrefundable, and that my membership will not be activated until I sign and return this Renewal Form. This membership is valid for one year.

\*required

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Pasadena Village / 236 W. Mountain Ave, Suite 104, Pasadena, CA 91103  
626 765 6037 / [info@pasadenavillage.org](mailto:info@pasadenavillage.org) / [www.pasadenavillage.org](http://www.pasadenavillage.org)

### **New Member Information (member 1)**

\_\_\_\_\_  
First & Last Name\*

\_\_\_\_\_  
Nickname/preferred name

\_\_\_\_\_  
Date of Birth\*

\_\_\_\_\_  
Email address\*

\_\_\_\_\_  
Preferred phone number(s)\*

\_\_\_\_\_  
Mailing address\*

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

How would you describe your background and current involvement in a few sentences? (Example: I taught in Los Angeles schools and retired after 25 years, and now volunteer at the Pasadena Playhouse.)

### **For Household Memberships**

For Household Memberships, please enter information about the second member here. If you are joining as an Individual Member, you can skip this section and go to Communications Preferences at the bottom of the page.

### **New Member Information (member 2)**

\_\_\_\_\_  
First & Last Name

\_\_\_\_\_  
Nickname/preferred name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Preferred phone number(s)

How would you describe your background and current involvement in a few sentences? (Example: I taught in Los Angeles schools for 25 years before retiring and now volunteer at the Pasadena Playhouse.)

### **Communications Preferences**

Most Village correspondence is sent via email. Please let us know if you use email on a regular basis.\*

☐ I use email (this is a good way to notify me)

☐ I do not use email (if you email me information, I will likely not see it)

\*required

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## Emergency Contact 1

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First & Last Name of Emergency Contact\*

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Relationship to Emergency Contact\*

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Emergency Contact's preferred phone number(s)\*

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Emergency Contact's email

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Emergency Contact's mailing address

City

State

Zip

## Emergency Contact 2

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First & Last Name of Emergency Contact

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Relationship to Emergency Contact

---

Emergency Contact's preferred phone number(s)

---

Emergency Contact's email

---

Emergency Contact's mailing address

List any other adults who live with you or provide any other pertinent information we should know about your Emergency contacts.

## Photography Policy\*

Pasadena Village has many events and activities, and we like to share photographs and videos from these events. We use photographs in our publications (including our website), publicity, and promotions. If you would not like Pasadena Village to use your photograph and/or likeness in our publications, publicity, and promotions, please make that known at the events where photographers are present. Pasadena Village's intended use of your likeness will not violate the rights of any person or organization and will not incur any liability payment to any person or organization.

☐ I acknowledge that I have reviewed and understand the photography policy.

\*required

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# Member Agreement

## About Pasadena Village

Pasadena Village is committed to helping older adults support each other as they age in place. Members support each other, and the Village office coordinates additional help from non-member volunteers. The Village's ability to fulfill member support requests depends upon volunteer availability.

The Village is not an emergency service, healthcare provider, residential facility, or Home Care Services agency or provider. Pasadena Village does not provide emergency services, housing, medical care, or personal care services. If members are in need of these services, they can post a request via the Member to Member Bulletin to fellow Village members who can suggest outside service providers or agencies that may be able to help.

All memberships are for a period of one year beginning on the first day of the following month in which the Membership Agreement is accepted by the Village. Membership fees are subject to change on any anniversary date, following approval by the Board of Directors.

I AGREE TO THE FOLLOWING: As a Pasadena Village member, I hereby release and discharge Pasadena Village from all responsibility or liability for services rendered by any third party, and I agree to hold the Pasadena Village harmless from and against any cost, expenses, 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.

I understand that membership in the Pasadena Village is not a replacement for long term care insurance and that the Pasadena Village does not provide emergency services, housing, medical care, or personal care services. I understand that as a member of the Village, the Village has access to sensitive/personal information and I consent to the use of that information consistent with the Village's Confidentiality & Privacy Policy.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Second Member Signature (for Household Memberships)

\_\_\_\_\_  
Date

***Thank you for joining! We look forward to getting to know you!***

**Please mail this completed form and check (if applicable) in the enclosed envelope to the Village Office at 236 W. Mountain Street, #104, Pasadena, CA 91103.**

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## **For Office Use**

\_\_\_\_\_ *Received*

\_\_\_\_\_ *Processed*

\_\_\_\_\_ *Emergency Contacts Processed*

*\*required*

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