



## ***Membership Application***

Rapp At Home Inc. is a non-profit 501(c)(3) corporation founded by Rappahannock County residents to help its members thrive as they age in their own homes. Rapp At Home Inc. provides a wide variety of activities and programs, as well as services from volunteers, staff, and third-party providers (often with preferred treatment and discounts).

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

Birth date(s) for each member: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

In order for Rapp At Home Inc. to meet its members' needs, I agree that third-party providers may share nonmedical information with Rapp at Home staff, and that the staff may consult my contacts in case of health or safety concerns.

Unless otherwise notified in writing, Rapp at Home may share my name as a member with other Rappat Home members. (Initial here \_\_\_\_\_ to not share your name as a Rapp at Home member)

I grant Rapp at Home, its representatives and employees the right to take photographs of me in connection with Rapp at Home events and services. I authorize Rapp at Home to copyright, use and publish the same in print and/or electronically.

I agree that Rapp at Home may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

**Payment of the membership fee constitutes an agreement to release and discharge Rapp At Home Inc. from all responsibility or liability for services rendered by any third-party providers.**

I have read and understood this application form, and I hereby apply to become a member of Rapp At Home under the terms and conditions described.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Choose a membership below:**

<input type="checkbox"/>	I wish to enroll as an Individual Member for \$290 annually.
<input type="checkbox"/>	We wish to enroll as Household Members (2 or more people in the same house) for \$380 annually.
<input type="checkbox"/>	I/we certify that my/our annual income is less than \$18,000 for an individual or less than \$24,000 household and request to be enrolled as a member at no cost.
<input type="checkbox"/>	I/we certify that my/our annual income is between than \$18,001 and \$30,000 for an individual or \$24,001 and \$40,000 for my household and request to be enrolled as a member for \$100 annually.

Check enclosed \_\_\_\_\_ \$ \_\_\_\_\_ Charge credit card Type of card: MasterCard VISA

Account number: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
(mm dd yyyy)

3-digit security code: \_\_\_\_\_ (on back of credit card) I wish to be charged at this number quarterly \_\_\_\_\_

**Please return your application to us at:**

Rapp at Home  
PO Box 193  
Washington, VA 22747