

Membership Agreement

Personal Membership Gift Membership **Given By:** _____

Member Name: _____

(if household) Member 2 Name: _____

Address: _____ **Zip:** _____

Member Phone: _____ **Cell:** _____ **Email:** _____ **Birthdate:** _____

Member 2 Phone: _____ Cell: _____ Email: _____ Birthdate: _____

Do You Use a Computer Regularly? Yes No **Do You Want a Daily Check-in Call?** Yes No

Are you: Spanish Speaking? English Speaking? Bilingual (Spanish and English)? Other? _____

How Can We Help? Please check any/all of the boxes below to indicate the services and programs that are of interest to you:

@Home	Wellness	Organized Activities	Join a Committee
<input type="checkbox"/> Grocery Shopping	<input type="checkbox"/> Yoga/Meditation	<input type="checkbox"/> Walking Groups	<input type="checkbox"/> Wellness
<input type="checkbox"/> Transportation	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Trips (ex: Museums, Theater)	<input type="checkbox"/> Trip Planning
<input type="checkbox"/> House Cleaning	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Volunteering	<input type="checkbox"/> Cultural Activities
<input type="checkbox"/> Meal Preparation	<input type="checkbox"/> Personal Trainer	<input type="checkbox"/> Art Classes	<input type="checkbox"/> Programs
<input type="checkbox"/> Home Maintenance	<input type="checkbox"/> Nursing	<input type="checkbox"/> Discussion Groups (ex: Book Clubs)	<input type="checkbox"/> Neighborhood Receptions
<input type="checkbox"/> Electrical	<input type="checkbox"/> Organizing Medications	<input type="checkbox"/> Lunch/Dinner Groups	<input type="checkbox"/> Doctors' Hospital Liaison
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Home Health Care	<input type="checkbox"/> Widow/Widower Support Group	<input type="checkbox"/> Fire Department Liaison
<input type="checkbox"/> Laundry	<input type="checkbox"/> Medical Equipment	<input type="checkbox"/> How-to Classes	
<input type="checkbox"/> Banking	<input type="checkbox"/> Filing Claim Forms	<input type="checkbox"/> Music Groups	
<input type="checkbox"/> Tax Returns	<input type="checkbox"/> Exercise Classes _____	<input type="checkbox"/> Sports	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	

Comments: _____

In Case of an Emergency, Please Contact: _____ **Phone:** _____

Building Manager Name and Phone (if applicable): _____ **Phone:** _____

Terms: CoralGables@HOME memberships are annual. Election to pay monthly requires 12 payments. As a member, you will contract directly with, and be billed for services by, third-party providers. Coral Gables@HOME will not assume any direct or indirect responsibility or liability in connection with services contracted for by members with third-party providers recommended by CoralGables@HOME.

Agreement: I authorize third-party providers to share non-medical data with CoralGables@HOME about the services I use. Coral Gables@HOME reserves the right to contact Members' emergency contacts in case of health or safety concerns.

AS A CORALGABLES@HOME MEMBER, (i) I HEREBY RELEASE AND DISCHARGE CORALGABLES@HOME AND THE CORAL GABLES COMMUNITY FOUNDATION (INCLUDING ITS EMPLOYEES, OFFICERS, AND DIRECTORS) FROM ALL RESPONSIBILITY OR LIABILITY FOR SERVICES RENDERED BY ANY THIRD-PARTY PROVIDERS, AND (ii) I AGREE TO HOLD CORALGABLES@HOME AND THE CORAL GABLES COMMUNITY FOUNDATION (INCLUDING ITS EMPLOYEES, OFFICERS, AND DIRECTORS) HARMLESS FROM AND AGAINST ANY COST, EXPENSE 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.

I have read the above carefully, and am pleased to become a member of CoralGables@HOME under the terms and conditions described.

X _____ Date _____
Signature

Choose Monthly or Annual Payment: \$60 Automatic Monthly Payment (12 payments) or \$650 Annual Payment (save \$70)

Payment Method: Check Enclosed **or Credit Card:** MasterCard Visa American Express

Card #: _____ Exp. Date: _____ Authorization Code*: _____ Billing Zip Code: _____
(*Number on back of MasterCard or Visa, or on the front of Amex)

Make Check Payable to: **Coral Gables Community Foundation**
1825 Ponce de Leon Blvd, PMB #447
Coral Gables, FL 33134-4418