

# 2021 Membership Agreement and Application



**Mission Statement:** Creative Aging in Nyack is a grassroots organization open to people 60 and older living in the 10960 zip code who want to lead vital, meaningful lives in our homes and community as we age. We share information and provide opportunities for social connections, volunteer services and support for our mutual benefit, so we may continue to learn, interact and contribute as we grow older.

**Moving forward:** We hope that you will be an active participant in the life of this organization as we learn, grow, and interact together. Members and volunteers of Creative Aging in Nyack help each other by providing rides to the doctor or to other essential appointments, help with grocery shopping, friendly visits, etc., or assistance to find qualified third-party providers.

## Membership Agreement

As a member of Creative Aging in Nyack, I understand that Creative Aging in Nyack is not a provider of emergency services or health care services, is not a health care administrator, and does not employ licensed health professionals or social workers. This Agreement is not meant to create any special relationship giving rise to a duty to aid or protect between myself and Creative Aging in Nyack.

Creative Aging in Nyack reserves the right to accept requests for assistance only in situations where Creative Aging in Nyack determines, at their sole discretion, that the services they can provide are consistent with the needs of the member.

**IMPORTANT NOTE:** Almost all of our communication with members is through email and through our website, [www.creativeaginginnyack.org](http://www.creativeaginginnyack.org). In addition to the information on the website that is available to anyone, we have private pages that include our membership directory and other important information that is only for members. To access the private pages, you will need to be able to log into the website. Once you are a member, we will give you information about logging in. We are glad to help you.

**Liability Statement:** *As a "Creative Aging in Nyack" member (1) I hereby release and discharge "Creative Aging in Nyack" and its agents from all responsibility or liability for services rendered by any third-party provider, preferred vendor or volunteer, and (2) I agree to hold "Creative Aging in Nyack" harmless from and against any cost, expenses or damages, without limitation, including 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. By signing this agreement on the Membership Application, I agree to abide by this statement.*

**I have read the Membership Agreement and agree to its terms:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Keep a copy for your records. See the next page for the application.**

# Creative Aging in Nyack Membership Application

**Membership fee for 2021 is \$80 per person. New members starting July 1 or after pay \$40 until December 31.** Please make your check payable to **Creative Aging in Nyack** and mail it to:

**Creative Aging in Nyack, PO Box 94, Nyack, NY 10960**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Please print your name as you want it to appear on your name tag. mm/dd/yy

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

Village: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_  
Please print clearly

**Be sure to read and sign the agreement on the first page.**

## Emergency

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
please print

City \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_  
Please print clearly

**Household:** Describe your living arrangement, e.g., My dog and I are on our own, but my daughter lives less than five miles away.

**Underline the skills and interests that you could contribute to CAN if needed:** Caregiving  
Community/Cultural awareness Computer/Internet Cooking/food Crafts/art/design  
Group work Music Organizational skills Photography Presentation/speaking  
Research/analytical Training/teaching Writing/editing Other \_\_\_\_\_

Please elaborate specifically. Use additional paper if you wish.

**Do you have any health concerns we should know about?** We will keep your information confidential in our records, but when you need help, this information will be important.