



Membership Application

Northampton Neighbors (NN) is for people who choose to remain in the homes and neighborhoods they love as they grow older, with a little neighborly help in Northampton, Florence and Leeds. We welcome all ages to our programs and people 55+ can receive services, too.

A Welcome Visit is necessary before you can receive assistance from the Northampton Neighbor's volunteer team. Would you like a Welcome visit now? Yes No

Primary Member

Name _____ DOB (mmddyyyy) ____/____/____

Nickname _____

Street Address _____ City _____ State ____ Zip code _____

Mailing Address, if different from Street Address

Address _____ City _____ State ____ Zip code _____

Email _____

Phone #1 _____ mobile landline

Phone #2 _____ mobile landline

I prefer contact via mail email or phone (please check one)

I want to know more about (check all that apply)

- Receiving help Offering help
- Attending events and neighborhood gatherings
- Leading or participating in a class or interest group. Topic(s) _____

Do you speak a language other than English at home? If so, what language? _____

How well do you speak English very well well not well not at all?

I would like to take offer Interpreter Services

Emergency Contact

Name _____ Relationship _____

Phone _____ mobile landline

Primary Member, continued

NN requests the following so that our programs relate and respond to our membership.
NN respects your privacy and your choice to provide this information.

I identify my gender as:

- Female
- Male
- Nonbinary
- I prefer not to say
- I prefer to self- describe:

I identify as a member of the LGBTQ community:

- yes
- no
- I prefer not to say
- I prefer to self- describe:

My age is:

- 17 years and younger
- 18-64 years old
- 65-84 years old
- 85 years and older

What racial and ethnic categories describe you?

- American Indian, Alaska Native or Indigenous
- Asian
- African
- Afro-Caribbean
- Black
- Hispanic, Latino/a/x or Spanish
- Middle Eastern or North African
- Pacific Islander or Native Hawaiian
- White
- I prefer not to say
- I prefer to self-describe or to further describe my racial and ethnic identities:

Northampton Neighbors (NN) is a 501(c)(3) organization.

There is no membership fee for Northampton Neighbors.

Therefore, your help is vital, and your tax-deductible donation is greatly appreciated.

Please complete and return the Donor Form on page 5. Donate by credit card at www.northamptonneighbors.org or by check to Northampton Neighbors PO Box 231 Northampton, MA 01061.

Please volunteer with Northampton Neighbors. There is always lots to do! From stuffing envelopes, watering plants, neighborly visits and driving neighbors around town. You choose when it works for you to help out. **Would you like a Volunteer Application?** **Yes** **No**

Please review the Membership Agreement and sign this Application on page 4. Thank you.

Northampton Neighbors PO Box 231 Northampton, MA 01061 (413) 341-0160
www.northamptonneighbors.org info@northamptonneighbors.org

Other Household Member (a person living at the same address is welcomed to join NN)

spouse partner child other _____

Name _____ DOB (mmddyyyy) ____/____/____

Nickname _____

Email _____

Phone #1 _____ mobile landline

Phone #2 _____ mobile landline

I prefer contact via mail, email or phone (please check one)

Emergency Contact

Name _____ Relationship _____

Phone _____ mobile landline

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NN MEMBERSHIP AGREEMENT

Benefits: NN assists members who live in NN's service area (Northampton Florence and Leeds, MA) by members and others who provide services on a volunteer base. All members, whether or not they reside in the service area, may volunteer to provide services to NN members; obtain referrals to vetted third-party service providers; and receive our NN newsletter, online calendar of educational and social activities as well as email and NN ListServe communications.

Relationship with Third-Party Providers: Members will contract directly with and be billed for services by any third-party providers. NN will not under any circumstances assume any direct or indirect responsibility or liability in connection with services contracted for by its members with third-party providers recommended by NN.

Fees: Membership in Northampton Neighbors is free. Our goal is to remain self-supporting through donations, grants, and volunteer services. Members are encouraged to support us with sustaining tax- deductible donations, which are our primary source of income.

Privacy/Communications with Third Parties: NN will take all reasonable steps to protect the personal information of its members. NN reserves the right to communicate with members' contacts or other appropriate people, as determined by NN, when health or safety needs require it.

Termination of Agreement: NN or the member signed below may terminate this Agreement at any time if they determine, in their discretion, that it is in the best interest of NN, its volunteers, other members, or the undersigned member.

UNDERTAKINGS OF MEMBER:

- 1) I accept the terms of this Agreement and am committed to NN's mission as a member-driven non-profit organization to provide access to support services and programs assisting seniors who want to live independent, engaged lives at home.
- 2) I hereby release NN and its representatives from and indemnify them against all responsibility of liability for services rendered to me/us by any third-party providers, NN employees or NN volunteers.
- 3) I agree to hold NN and its representatives harmless from, and reimburse them for, any costs, expenses or damages (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.

This agreement is entered into between NN and the applicant for as long as the undersigned is current in all undertakings under this Agreement. I have read the Agreement carefully and I am pleased to become a member of Northampton Neighbors under the terms and conditions described above.

Primary Member

Name (print) _____ Signature _____ Date _____

Other Household Member

Name (print) _____ Signature _____ Date _____



We don't charge a membership fee and your tax-deductible donation helps all our Northampton Neighbors.

- **One-Time Donation.** Your contribution supports people and programs in your neighborhood.

I have included my donation of \$10 \$25 \$50 \$100 or \$_____ Other

Name _____

Address _____

Phone _____ Email _____

- **Ongoing Donation.** Become a Long-Term Sustainer of Northampton Neighbors

I have included my donation of: \$10 \$25 \$50 \$100 or \$_____ Other

Please deduct this amount: monthly *or* annually (*please circle one*)

from my bank account beginning on the 15th day of the month of _____ 2019,

and ending when I notify you.

My Bank Account Number _____

My Bank's Routing Number _____

(Please attach a voided blank check or deposit slip to confirm your routing and account number.)

Name exactly as it appears on my bank account: _____

Name _____

Address _____

Phone _____ Email _____

Signature _____ Date: _____

- **You can make a One-Time or Sustaining donation on our website:**

www.northamptonneighbors.org

- **Tell me more about:**

donating securities including NN in my estate plans In-kind services

- **You can also donate your time and skills:** Volunteering with Northampton Neighbors is fun and rewarding. Please download a volunteer application at www.northamptonneighbors.org or call (413) 341-0160

Please complete and return this form to:

Northampton Neighbors PO Box 231, Northampton, MA 01061

(413) 341-0160 and info@northamptonneighbors.org

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