



## Membership Agreement

**TERMS:** Active Living Over Fifty, Inc. (“ALOFT”) is a New York State not-for-profit Section 501(c)(3) corporation dedicated to helping older residents remain safely and confidently in their homes and communities. To this end, ALOFT has arranged to offer its members, primarily through third-party providers, many of the activities and services available to residents of conventional high-quality retirement communities.

ALOFT acts on behalf of its membership to identify the activities and services most in demand. ALOFT has identified third-party providers capable of delivering such activities and services under conditions of quality control, at convenient times and places, and sometimes at reduced prices. As an ALOFT member, you generally will contract directly with and be billed for services by third-party providers.

One of ALOFT’s primary functions is to ensure member satisfaction with the activities and services provided. ALOFT, however, will not assume under any circumstances any direct or indirect responsibility or liability in connection with services contracted for by members with third party providers identified by ALOFT.

The annual membership in ALOFT for persons joining before December 31, 2009 is \$95 for individuals and \$145 for households. Membership begins on the first day of the month in which you pay your fee and will continue for the next twelve consecutive months. As an ALOFT member, you will be entitled to all the attributes and benefits of membership.

**This agreement may be terminated by a member at any time; however, annual membership fees will not be refunded. ALOFT membership is not transferable. ALOFT will never sell or rent members’ information to any outside entity.**

**AGREEMENT:** In order for ALOFT to monitor its members’ needs and levels of satisfaction, I authorize third-party providers to share non-medical data with ALOFT about the service I use. ALOFT reserves the right to be in touch with members’ contacts in case of situations of health or safety concerns.

AS AN ALOFT MEMBER (i) I HEREBY RELEASE AND DISCHARGE ALOFT FROM ALL RESPONSIBILITY OR LIABILITY FOR SERVICES RENDERED BY ANY THIRD-PARTY PROVIDERS, AND (ii) I AGREE TO HOLD ALOFT HARMLESS FROM AND AGAINST ANY COST, EXPENSES 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 agreement carefully, and I am pleased to become a member of ALOFT under the terms and conditions described above.

I grant/do not grant (please strike out one) ALOFT permission to list my name, address, email and telephone number in a membership directory.

_____ PRINT Name	_____ PRINT Second Name (for Households)
_____ Signature of Member's Name	_____ Signature of Second Member's Name
_____ Street	_____ Telephone Number
_____ City and Zip	_____ E-mail Address

Membership accepted for ALOFT by \_\_\_\_\_

TITLE \_\_\_\_\_

Membership valid as of (date).....\_\_\_\_\_

Membership fee (**\$95 individual; \$145 household**).....\$\_\_\_\_\_

My/our tax-deductible contribution to ALOFT.....\$\_\_\_\_\_

TOTAL.....\$\_\_\_\_\_

Payment Method:

My(our)check for the total amount \$\_\_\_\_\_ is enclosed.

PLEASE RETURN YOUR SIGNED AGREEMENT TO

ACTIVE LIVING OVER FIFTY, INC. (ALOFT)  
487 EAST MAIN STREET, #204,  
MOUNT KISCO, NY 10549

*ALOFT WILL RETURN A SIGNED COPY TO YOU FOR YOUR RECORDS.*