

**Staying In Place**  
**PO Box 1324**  
**Woodstock, New York 12498**  
**845-514-4891**

**MEMBERSHIP AGREEMENT**

**Terms:**

Staying In Place, Inc. is a New York State not-for-profit 501 ( C ) ( 3 ) corporation, founded by Woodstock area residents determined to help its members live life to the fullest in their own homes as they grow older. To this end, Staying In Place (referred to as SIP in this document) will arrange to offer its members, primarily through third-party providers and volunteers many of the activities and services available to residents of fine retirement communities, such as Housing Maintenance and Repair Assistance; Home Health Assistance; Transportation; Companionship; Home and Yard Work; Recreation; Education; Social and Cultural Events.

Annual membership in SIP costs \$75 for individuals and \$25 for each additional household member over 50 years old. Membership begins on the first day of the month in which you pay your fee. All memberships will run from July 1 to December 31 and will be prorated from the month that you join. As a SIP member, you are entitled to all of the attributes and benefits of membership.

SIP acts on behalf of its members to identify the activities and services most in demand and has identified providers capable of delivering these activities and services under conditions of strict quality control at convenient times and places. Most services will be on demand on a fee-for-service basis. As a SIP member, you will contract directly with and be billed for services by third party providers; however SIP Members will receive preferred treatment from those providers, including in many instances, reduced costs. Volunteers will be used when appropriate with the member's permission. All providers and volunteers sent to member's homes will have been screened.

One of SIP's primary functions is to ensure the highest possible member satisfaction with the activities and services provided. SIP, however, will not under any circumstance assume any direct or indirect responsibility or liability in connection with services contracted by members with third party providers who are recommended by SIP.

Agreement: in order for Staying In Place, Inc. to monitor its member's needs and levels of satisfaction, I authorize third-party providers to share non-medical data with SIP about the services that I use. SIP reserves the right to be in touch with members' contacts in case of situations of health and/or safety concerns.

Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Emergency Contact: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number of Emergency Contact: \_\_\_\_\_

**Release:**

AS A STAYING IN PLACE MEMBER (i) I HEREBY RELEASE AND DISCHARGE STAYING IN PLACE, INC. FROM ALL RESPONSIBILITY OR LIABILITY FOR SERVICES RENDERED BY ANY THIRD-PARTY PROVIDERS, AND (ii) I AGREE TO HOLD HARMLESS FROM AND AGAINST ANY COST, EXPENSES OR DAMAGES (INCLUDING WITHOUT LIMITATION, REASONABLE ATTORNEY'S FEES) IN CONNECTION WITH 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 I agree to become a member of Staying In Place, Inc. under the terms and conditions described.

Print Name: \_\_\_\_\_

Signature of Member: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Post Office Box if applicable: \_\_\_\_\_

Email: \_\_\_\_\_

Membership Fee: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Membership Accepted by: \_\_\_\_\_

Title within Staying In Place: \_\_\_\_\_

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