



119 W. Court Street, Ithaca, NY 14850  
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 fax: (607) 272-8060  
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# Lifelong Membership Application Waiver/Donation Form

Membership Expires \_\_\_\_\_

Personal Information  
 Please Print

Name (1) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Name (2) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Preferred Tel. # (1) \_\_\_\_\_ Preferred Tel. # (2) \_\_\_\_\_  
 Email(1) \_\_\_\_\_  **If you want to receive the eNewsletter  
 and don't yet do so, please check here**  
 Email(2) \_\_\_\_\_  
**Municipality:**  
 Caroline  Danby  Dryden  Enfield  Groton  Lansing  Newfield  Ulysses  
 City of Ithaca  Town of Ithaca  Other \_\_\_\_\_ County \_\_\_\_\_

Demographic Information  
 (For grant purposes)

Do you consider yourself to be? (This information is requested by Lifelong funders and will be used anonymously.)  
 (1)  (2)  White or Caucasian      (1)  (2)  Black or African American      (1)  (2)  Hispanic  
 (1)  (2)  Asian      (1)  (2)  American Indian or Alaska Native      (1)  (2)  Hawaiian or Pacific Islander  
 Other(1) \_\_\_\_\_ Other(2) \_\_\_\_\_  
 Are you a person with a disability? (Please circle your answer) (1) Yes No (2) Yes No

Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_  
 *Check if this person listed above is your Health Care Proxy*

Membership level

**Membership:** (Circle one) (1) **New Member** (2) **New Member**      (1) **Renewal** (2) **Renewal**

Lifelong has a commitment to making membership accessible to everyone. To this end, we are offering a sliding scale for annual membership fees. We don't require income verification, but rather trust that you will choose an amount that reflects what you are able to pay and also your desire to support others in joining our community.

Please select and circle one of the following annual membership fee levels (**for guidance, please see back of page**)

	Individual	Household of two
Lower-range	\$20	\$35
Base	\$30	\$55
Higher-range	\$40	\$75

Donation

**I would like to make a donation to support Lifelong's continuing programs and services.**

**Donation Amount:** \$ \_\_\_\_\_  Anonymous

In memory of or in honor of (please circle one) \_\_\_\_\_

Payment

Total Paid: \_\_\_\_\_ Payment Method: Cash  Check # \_\_\_\_\_  
 \*Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ V-Code \_\_\_\_\_ Billing Zip \_\_\_\_\_  
 \*Credit cards incur a 3.5% processing fee to cover our costs      **Signature Required on the Back of Page**

For office use only: Init: \_\_\_\_\_ Date: \_\_\_\_\_ FD: \_\_\_\_\_ QB: \_\_\_\_\_ Conf. Email: \_\_\_\_\_

### How to choose a membership level

Membership fees support our mission of enhancing the lives of older adults in Tompkins County. Paying according to one's resources creates a more equitable, diverse, and sustainable community.

#### Consider paying less on the scale if you...

- are supporting children or have other dependents
- have significant debt
- have significant medical expenses not covered by insurance
- qualify for government assistance
- are a senior with a fixed income and little to no savings

\*note: If even the lower-range price of membership is prohibitive, we will work with you confidentially to ensure that cost doesn't prevent your participation. Scholarships are available for those eligible.

#### Consider paying more on the scale if you...

- own the home you live in or rent a higher-end property
- have access to financial savings
- have the financial ability to travel recreationally
- have expendable income
- want to support others' access to Lifelong membership

### Liability Waiver

I, the undersigned, hereby apply to participate in activities (classes, programs, events, and trips) to be conducted by LIFELONG and acknowledge: that there are inherent risks & dangers in my participation in the activities & my participation in said activities & use of any equipment or materials related to such activities may result in my injury, illness or death & damage to or loss of my personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and dangers and I hereby fully acknowledge and accept these risks and dangers. I understand and agree it is my responsibility to get any medical clearance or approval from my medical health professional to participate.

I herewith release, forever discharge and waive any right of recovery or subrogation against LIFELONG, its officers, directors, employees and volunteers from any and all liability whatsoever for any illness or injury, including death or damage to or loss of my personal property that I may sustain while I am participating in this program. This shall be binding on my heirs, successors, assigns, administrators and executors. Any claims or disputes arising out of my participation in the activity shall first be submitted to arbitration and/or be venued in the Supreme Court of the State of New York of Tompkins County.

**I HAVE READ THE ABOVE OR I ACKNOWLEDGE THAT I HAVE HAD THIS DOCUMENT READ TO ME AT MY REQUEST AND BY SIGNING IT, I AGREE IT IS MY INTENTION TO PARTICIPATE IN ACTIVITIES AND I UNDERSTAND AND ACCEPT ALL RISKS INVOLVED.**

**NAME (PRINT):** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### Photo Release:

Lifelong often uses images, photos, videos, and likenesses of our volunteers and program participants in Lifelong outreach materials & publications (website, newsletters, annual report, social media, etc.)

Please sign below to permit the use of your image in future Lifelong publications and outreach materials.

\_\_\_\_\_

*Participant name/signature/date*