



*To become a Member of Little Falls Village, take the three steps described below: 1) Read and Sign the Membership Agreement (required); 2) Pay the Membership Fee (required); and 3) Make a Tax-Deductible Donation (optional). Sign and mail the complete Membership Agreement and payment to Little Falls Village, PO Box 439, Glen Echo, MD 20812. Todd Smith, the Executive Director, will sign and return to you a copy of the Membership Agreement. If you have questions, please contact Todd at 301-320-3267.*

### ***Step #1 - Read and Sign the Membership Agreement (Required)***

**THE VILLAGE:** Little Falls Village is an “aging-in-place” organization that provides non-medical volunteer assistance to seniors living in all the neighborhoods that comprise area code 20816. Village boundaries run from River Road to Clara Barton Parkway and from Western Avenue to Goldsboro. Some 20816 residents live beyond Goldsboro and are included in the Village. Little Falls Village became a tax-exempt non-stock Maryland corporation effective December 19, 2012, and was recognized by the IRS as a 501 c (3) public charity effective March 6, 2013. The Village’s EIN is 46-1739269.

**SERVICES:** The Village will provide services to members through neighborhood volunteers, all of whom submit to a background and motor vehicle check. Most volunteers will be members of the Village, but some may reside in neighboring areas. The most common services that the neighborhood volunteers of Little Falls Village will provide are transportation, light handyman work, elementary bookkeeping, daily telephone calls, help with electronic devices, and social activities. The Village will not provide medical or home health services or major home repairs and inspections. To help members meet these needs, the Village will maintain and provide its members (upon request) with a list of local providers that may be available to provide such services.

**FEES:** Full Village membership is \$350 for a household of one and \$700 for a household of two or more per year. Full members are eligible to request Village services and participate in Village social activities. Associate members pay \$250 for each membership annually. Associate members are not eligible for services, but may participate in all Village activities. \$200 of the Associate Membership is fully tax deductible. Village-Plus memberships are available at \$100 a year for individuals whose annual income is \$40,000 or less and at \$200 a year for households of two or more with income annual income of \$50,000 or less. Village-Plus members are eligible for services and participation in social events. Tax return verification is required.

**TERMINATION OF AGREEMENT:** Membership may be terminated in two ways: 1) By the member: Members may terminate this Agreement at any time by giving written notice to the Village, with the understanding that no portion of the annual fee will be returned. 2) By the Village: the Village reserves the right to terminate this Agreement with a member whenever the Village board of directors determines that it is in the best interest of the Village. If the Village terminates a member’s agreement, it will return a portion of the annual fee on a prorated basis calculated from the month of termination.

**PRIVACY:** The Village will take all reasonable steps to protect the personal information of its members. However, where concerns regarding a member’s health or safety arise, the Village reserves the right to contact those listed below under member’s contact information or any others the Village deems appropriate. In addition, at the request of a member, the Village may disclose contact information to connect a member with a third-party vendor.

**WAIVER OF LIABILITY:** Little Falls Village full members and associate members understand that the Village is not affiliated with or otherwise responsible for the acts or omissions of any third party vendors, including but not limited to those on its list of local providers. Members shall release and hold the Village and its staff and volunteers harmless from any and all responsibility or liability arising from the acts or omissions of any third party vendors and from the inclusion of any such vendor on the list maintained by the Village. The Village maintains such a list for its members for informational purposes only as a matter of convenience and the inclusion of any third party vendor on the list does not constitute any form of warranty,

endorsement or guarantee by the Village as to the competency, qualification, quality, safety, licensure or other status or performance of any such vendor.

Members further indemnify the Village and its staff and volunteers and agree to hold it and them harmless for any loss, damage, expense, or liability of any kind arising out of the acts or omissions of its staff or volunteers, including but not limited to any action or claim a member or a member's heirs, assigns, or insurance company might bring for negligence, personal injury or invasion of privacy.

**HEALTH CARE:** The Village does not provide emergency or other health care services, is not a health care administrator, and does not employ licensed health professionals or social workers.

**MEMBER(S) CONTACT INFORMATION (for full members and associate members):**

\_\_\_\_\_  
Name of Member

\_\_\_\_\_  
Name(s) of additional persons in the household wishing to become Village members.

\_\_\_\_\_/\_\_\_\_\_  
Address Neighborhood

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_

Home Phone: Cell Phone Work Phone E-mail Address(es)

Would you like your contact information to be listed in the Village directory? \_\_\_Yes \_\_\_No

**NAME OF FAMILY MEMBER OR FRIEND FOR EMERGENCY CONTACT (for full members and associate members):**

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

\_\_\_\_\_  
Address

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Home Phone Cell Phone Work Phone E-mail

I certify that I have read and understand this Membership Agreement and wish to become a Member or Associate of Little Falls Village under the terms of this Agreement.

\_\_\_\_\_  
Name Name (if household of two or more)

\_\_\_\_\_  
Signature Signature (if household of two or more)

\_\_\_\_\_  
Date Date (if household of two or more)

**Step #2 - Pay the Membership or Associates Fee (Required)**

Please check one circle.

- Full Membership:** The annual fee for full membership in Little Falls Village is \$700 for a household of two or more. I understand that as a full member, I am entitled to receive all services offered by Little Falls Village. I enclose my check for \$700.00 payable to Little Falls Village and mailed to Little Falls Village, PO Box 439, Glen Echo, MD 20812.

Or

- Individual Membership:** The annual fee for full membership in Little Falls Village is \$350 for a household of one. I understand the as a full member, I am entitled to receive all services offered by Little Falls Village. I enclose my check for \$350 payable to Little Falls Village and mailed to Little Falls Village, PO Box 439, Glen Echo, MD 20812.

Or

- Associate Membership:** The annual fee for each associate membership in Little Falls Village is \$250. Associate members are invited to all social events, where they may participate as guests or as volunteers helping to arrange the events and performing other volunteer work for the Village. Volunteers may not receive any of the services offered by the Village. I enclose my check for \$250 payable to Little Falls Village and mailed to Little Falls Village, PO Box 439, Glen Echo, MD 20812. I understand that \$200 of my \$250 annual membership as an associate member is tax-deductible because as an associate member I will not receive any services from the Village.

The associate category of membership has been created for those who wish to support the Village, are interested in volunteering, plan to attend social events, but do not yet need or want Village services. Some of our neighbors want to become associates to volunteer time and money to support.

Or

- Village-plus membership:** Village-Plus fee for is \$100 a year for individuals with income of \$40,000 or less; and \$200 for households of two or more individuals with annual incomes of \$50,000 or less. Village-plus members can request any of the services offered by the Village. Tax document review is a requirement. I enclose my check for \$200 payable to Little Falls Village and mailed to Little Falls Village, PO Box 439, Glen Echo, MD 20812.

After we receive your check, you will receive a letter from Little Falls Village indicating that you are a Member or Associate Member in good standing for a 12 month period.

Received (Date) \_\_\_\_\_

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Todd Smith  
Little Falls Village  
Executive Director

### ***Step #3 - Make a Tax-Deductible Donation (optional)***

Become a Donor. Little Falls Village cannot prosper on members' and associates' fees alone. In most Villages in the Washington area, such fees cover slightly more than half of Village expenses; donations cover the rest. By making a fully tax-deductible donation, you can help us offer a comprehensive, varied, and satisfying Village experience.

- I support the idea of making a donation to promote a full Village experience. Please find my check enclosed in the amount of \$ \_\_\_\_\_ payable to Little Falls Village and mailed to Little Falls Village, PO Box 439, Glen Echo, MD 20812. Thank you.

You will receive a letter of appreciation designating you as a Donor. The letter will also state the amount of your donation and confirm that it is tax-deductible under section 501c (3) of the Internal Revenue Code. The Village deeply appreciates your interest and generosity and welcomes you as a Donor.