



Membership Application

Lookout Village is a non-profit 501(c)(3) corporation founded by Neola residents to help its members thrive as they remain in their own homes. Lookout Village provides a wide variety of activities and programs, as well as services from volunteers. Referrals to preferred third-party vendors (some with discounts) are also available when professional services are needed.

Primary Member Information:

Date: _____

First Name	M.I.	Last Name	
Street Address		City	State Zip
Home Phone	Work or Cell Phone	Birthdate	Email Address

_____ / ____ / _____

Membership Type Requested:

Full Membership**

- Individual (\$275*/year) Household (\$400*/year)

Social Membership

- Individual (\$100*/year) Household (\$150*/year)

Supporting Membership (\$50/year)

Short-Term Intensive Membership (Monthly Fee – Determined on a case-by-case basis*)

* For a reduced-fee membership, please call the office.

**Once your application has been received by Lookout Village, we will call to schedule an in-home assessment if you are applying for a full membership.

(CONTINUED ON BACK)

Additional Members (if household membership):

1) _____
First Name M.I. Last Name Birthdate

Relationship to Primary Member Work or Cell Phone Email Address

2) _____
First Name M.I. Last Name Birthdate

Relationship to Primary Member Work or Cell Phone Email Address

3) _____
First Name M.I. Last Name Birthdate

Relationship to Primary Member Work or Cell Phone Email Address

Emergency Contact(s):

First Name Last Name Relationship Home Phone Work or Cell Phone

First Name Last Name Relationship Home Phone Work or Cell Phone

For Lookout Village to meet its members' needs, I agree that the staff may consult my contacts in case of health or safety concerns. **Payment of the membership fee constitutes an agreement to (i) release and discharge Lookout Village from all responsibility or liability for services rendered by any third-party vendors, and (ii) hold Lookout Village 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 the member, including but not limited to claims brought by the member's insurance carrier.**

I have read and understood this application form, and I hereby apply to become a member of Lookout Village under the terms and conditions described.

Signature of Primary Applicant _____ Date _____
Signature of Applicant _____ Date _____
Signature of Applicant _____ Date _____
Signature of Applicant _____ Date _____

Please enclose check made payable to Lookout Village for membership fees due and mail to:

Lookout Village
P.O. Box 143
Neola, IA 51559

Signature for Lookout Village _____ Effective Date of Membership _____

Name and Title _____