



Eastside Neighbors Network

Membership Application

Thank you for your interest in becoming a Member of the Eastside Neighbors Network. Please complete your Membership Application and Membership Agreement forms and return by mail (address below) or as email attachment to Village@MyENN.org. Questions/Assistance? Call us at 425-270-8408

New Member and Member Renewal: Effective 01/01/23

Individual or Couple: ☐ Individual (\$10 per month) ☐ Couple (\$20 per month)

Member Name: _____ DOB: _____

Additional Member: _____ DOB: _____

Address: _____

City: _____ Neighborhood: _____ State: WA Zip: _____

Preferred Phone: _____ Alternate Phone: _____

Important: We would like to include you in the Online Membership Directory? To manage our Services resource, you must be listed in the Directory. ☐ Yes ☐ No

E-mail Address: _____

Preferred days/times to meet: _____

In case of emergency, we have your permission to contact:

Name: _____ Relationship _____

Phone: Day: _____ Evening: _____ Email: _____

Additional contact (OPTIONAL):

Name: _____ Phone: _____ E-mail: _____

Overall, how would you describe your health, fitness, and mobility?



What social, personal or informational programs would you like to participate in and/or host?

Check all that apply

- ☐ Bridge Club ☐ Mahjong ☐ Men's Group
☐ Walking Group ☐ Movie Group ☐ Book Club
☐ Mindfulness Meditation Group ☐ Phone Buddy
☐ Group Outings, for example, Leavenworth; wine-tasting tour; Amazon Sphere
☐ Workshops on topics related to aging
☐ Other – please describe: _____

Is there anything else you'd like us to know like your: interests, needs, and availability?

Check Volunteer services you are likely to request and/or provide in the next 3-6 months?

- ☐ Transportation (Bellevue area; other by special arrangement)
☐ Errands/Grocery Shopping Assistance
☐ Friendly Phone Calls
☐ Friendly Visitor/Companion
☐ Light Household/Yard Help
☐ Tech Help (PC, Mac, Smartphone)
☐ Other – please specify: _____

Interested in volunteering and/or hosting an activity, then visit our Website for more information.

☐ Yes ☐ Maybe ☐ No

Signature:

Signature (if couple)

Date_____

Date_____

Mail completed Member Application and Member Agreement to:

Eastside Neighbors Network

PO Box 854

Bellevue, WA 98009-0854

Questions/Assistance Village@MyENN.org or call 425-270-8408



Eastside Neighbors Network Membership Agreement

THE VILLAGE: Eastside Neighbors Network LLC (the “Village”), a State of Washington tax- exempt nonprofit corporation under §501(c)(3) of the Internal Revenue Code, is a community-based network of neighbors in Bellevue, WA.

The ENN Village provides support for social, cultural, educational and interest group activities and access to a range of Volunteer Services such as transportation, general household assistance and errands/grocery shopping assistance. These services are provided by our corps of neighborhood volunteers. Volunteer services are generally limited to the city of Bellevue except by special arrangement. All volunteers submit to a background check. For any services that cannot be provided through the corps of volunteers, such as major home repairs, home inspections and home health-care needs, the Village will make a reasonable effort to assist Members in finding a qualified provider.

FEES: The 2023 yearly fee for Membership, per individual, is \$120 annually and \$240 annually for a couple or household of two and begins January 1st (monthly payment available). Membership fees for mid-year new members will be prorated for the remaining balance of the year. The annual fee may be increased from time to time. Founding Member dues will not be increased if the member is continuously enrolled in ENN. Membership fees cover all volunteer services provided, subject to availability of volunteers.

TERMINATION OF AGREEMENT: The Village reserves the right, in its sole discretion, to terminate this agreement, at any time, if the Village determines that it is in the best interest of the Village, its volunteers, other Members or the undersigned Member(s). If the Village terminates this agreement, it will return a portion of the annual fee paid on a prorated basis from the month of termination. The undersigned Member(s) may terminate this agreement at any time by providing written notice to the Village. If the Member(s) terminate(s) this agreement, no portion of the annual fee shall be refunded.

PRIVACY: The Village will take all reasonable steps to protect the Members personal information. However, where concerns regarding a Member’s health or safety arise, the Village reserves the right to contact the individual(s) listed as non-member contacts or other appropriate individuals, as determined by the Village. In addition, to connect Member with a third-party vendor at the Members request, the Village may disclose contact and other relevant information.

WAIVER OF LIABILITY: As a Member of Eastside Neighbors Network, I (we) understand that the Village is not affiliated with the third-party vendors it may recommend, and I (we) release Eastside Neighbors Network from all responsibility or liability stemming from the conduct of third- party providers. I (we) further indemnify and agree to hold the Village harmless for any loss, expense or liability arising out of the activities of its employees or volunteers, including but not limited to any action I (we), my (our) heirs and assigns, or my (our) insurance company might bring for negligence, personal injury or invasion of privacy.



I (We) understand that the Village is not a provider of emergency services or health-care services, is not a health-care administrator, and does not employ licensed health professionals or social workers. This Agreement is not meant to create any special relationship giving rise to a duty to aid or protect between myself and Eastside Neighbors Network.

MEMBER(S)' CONTACT INFORMATION:

_____	_____
Member Name	Additional Member Name (if couple)
_____	_____
Phone Number	Phone Number (if couple)
_____	_____
Cell Phone	Cell Phone (if couple)
_____	_____
E-mail Address	E-mail Address (if couple)

I certify that I have read and understand this Membership Agreement and wish to participate as a Full-Service Member of Eastside Neighbors Network under the terms of this agreement. *Typed digital signature acceptable for emailed attachment.*

_____	_____
Signature	Signature (if couple)
_____	_____
Name (Printed)	Name (Printed if couple)
_____	_____
Date	Date (if couple)

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