

ENCHANTED MOUNTAINS VILLAGE
Membership Application

The Enchanted Mountains Village, Inc. is 501(c)(3) not-for-profit organization incorporated in New York State. The mission of the Enchanted Mountains Village is to support its members to age well at home by fostering connections to each other, community resources, and educational and social activities; thus, encouraging the development of a vibrant, involved, and mutually supportive community. We welcome members 55 and older as well as volunteers of any age.

Contact Information

1st Household Member

First Name: _____ Last Name: _____

Primary Phone: _____ Cell or Home Other phone: _____ Cell or Home

Email: _____ Birthdate: _____

Address: _____ City: _____ Zip Code: _____

Living Situation: _____ alone _____ with spouse/partner _____ with family/friend

Former/Current Occupation: _____

2nd Household Member

First Name: _____ Last Name: _____

Primary Phone: _____ Cell or Home Other phone: _____ Cell or Home

Email: _____ Birthdate: _____

Address: _____ City: _____ Zip Code: _____

Former/Current Occupation: _____

Additional Information

How did you hear about Enchanted Mountains Village? _____

What services, programs, and activities would you like to have Enchanted Mountains Village offer?

If you are interested in volunteering, what service might you give to other members of the Enchanted Mountains Village or to help the organization itself operate efficiently? _____

Membership Fee and/or Donation

_____ \$100 annual household membership* _____ \$75 annual individual membership *

*memberships renew on January 1 at full price. New members will be billed a prorated membership fee based on the remaining months in the year.

Voluntary additional tax-deductible donation: _____\$25 _____\$50 _____\$75 \$_____Other

Total enclosed: \$ _____

Signature of 1st Household Member: _____ **Date** _____

Signature of 2nd Household Member: _____ **Date** _____

Privacy statement: The information that you provide on your membership application will never be shared/sold to individuals or businesses outside the membership of the Enchanted Mountains Village. As a convenience to our members, we will create a membership directory listing the names, phone numbers, and email of members. The directory will only be shared with other members and cannot be used for solicitation of type to other members. **If you do not want your information included in the member directory, please opt out by signing below.**

Opt out: 1st household member: _____

Opt out: 2nd household member: _____

**We will arrange payment once we receive your application
Send only your application; do not send payment now**

Please complete this form and mail to:
Athena Godet-Calogeras 3629 Five Mile Road Allegany, NY 14706
or
Scan form and email to athenagc@icloud.com

Welcome to the Enchanted Mountains Village!
www.EnchantedMountainsVillage.org