



SUPPORT NETWORK at PENN NATIONAL

3872 Alfalfa Lane, Fayetteville, PA 17222 (717) 352-2612

MEMBERSHIP AGREEMENT

Support Network at Penn National (SNaP) is a non-profit 501(c)(3) corporation, founded by Penn National residents, dedicated to helping its members live life to the fullest as they age with grace in their own homes. To that end, SNaP has arranged to offer a wide range of Services, primarily through third-party providers, that can be acquired through a single telephone call.

Annual Membership Fees:	General Membership	\$250.00
	Single Resident Membership	\$200.00
	Supported Membership	\$150.00

The Supported Membership Program offers residents of moderate means full participation at a reduced rate. Determination of eligibility will be based on the recommendation of the Executive Director with approval by the Board of Trustees.

Although SNaP desires to ensure the highest possible member satisfaction with all of the activities and services provided, SNaP will not under any circumstance assume any direct or indirect responsibility or liability in connection with services contracted for by members with third party providers recommended by SNaP.

AGREEMENT:

In order for SNaP to monitor its members' needs and levels of satisfaction, **I authorize third-party providers to share non-medical data with SNaP about the services I use.**

As a member of the Support Network at Penn National:

- I hereby release and discharge Support Network at Penn National from all responsibility or liability for services rendered by any third-party providers.**
- I agree to hold Support Network at Penn National 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 me, including but not limited to claims brought by my insurance carrier. In the event any claim is brought by or through me, same shall be submitted to binding arbitration, pursuant to rules and procedures outlined by the American Arbitration Association.**

I have read the above carefully, and I am pleased to become a member of the Support Network at Penn National under the terms and conditions described.

_____	_____
Print Name	Print Name
_____	_____
Signature of Member	Signature of Member
_____	_____
Date	Date

Street Address	
_____	_____
Telephone Number	Email Address

Office use only		
Membership Fee _____	Date Paid _____	Approved _____