



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.

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 (\$300*/year) ☐ Household (\$435*/year)

Social Membership

☐ Individual (\$25*/year) ☐ Household (\$40*/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*_____