



## WELCOME TO TRAIL OF JOHNSON COUNTY!

These materials are designed to help TRAIL better understand your interests and needs. This application should be used when applying for a household membership. Aside from basic contact and payment information, all questions are optional and need not be answered if you so choose. We do require you to sign and date the Membership Agreement on pages 6-7. Thank you!

Please complete and return to:

TRAIL of Johnson County / 28 South Linn Street, Room 201/ Iowa City, IA 52240

[info@trailofjohnsoncounty.org](mailto:info@trailofjohnsoncounty.org) / [www.trailofjohnsoncounty.org](http://www.trailofjohnsoncounty.org)

### PRIMARY USER

Dr. Mr. Mrs. Ms.	Your Last Name	First Name	Middle
Preferred Name (first name, nickname, title)			
<b>Your Contact Information</b>			
Street Address:		Apt #:	
City:	State:	Zip:	
Home Phone:	Work Phone:	Cell Phone:	
Email Address:			

### SECONDARY USER (for Household Memberships)

Dr. Mr. Mrs. Ms.	Your Last Name	First Name	Middle
Preferred Name (first name, nickname, title)			
Home Phone:	Work Phone:	Cell Phone:	
Email Address:			

Help us get to know you! What are your primary interests in joining TRAIL?  
(Check all that apply.)

<input type="checkbox"/> Volunteer opportunities	<input type="checkbox"/> Community building
<input type="checkbox"/> Educational programs	<input type="checkbox"/> Health and wellness service
<input type="checkbox"/> Professional service providers	<input type="checkbox"/> Make new connections
<input type="checkbox"/> Social engagement opportunities	<input type="checkbox"/> Other

**YOUR CURRENT LIVING SITUATION**

1. Do you have children or other close relatives living in the area?

\_\_\_\_\_ Yes                          \_\_\_\_\_ No

2. Do you know any of your neighbors well enough to have exchanged house keys with them, watch their house when they are gone or have them watch your house?

\_\_\_\_\_ Yes\*                          \_\_\_\_\_ No

\*If you answered yes, please complete this section.

Closest neighbor/friend in community:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

**PRIMARY USER**

In general, would you say your health is:

\_\_\_\_ Excellent    \_\_\_\_ Very Good    \_\_\_\_ Good    \_\_\_\_ Fair    \_\_\_\_ Poor

Do you have any special needs that TRAIL or its volunteers should know about?

- Hearing impaired
- Use mobility device
- Use service animal
- Lifeline alert
- Use wheelchair
- Speech/language Issues
- Low vision
- Use/need companion support
- Dietary restrictions

Do you currently have any services now in place, e.g., Meals on Wheels, VNA, or Elder Services? (List all that you currently use).

**SECONDARY USER**

In general, would you say your health is:

\_\_\_\_ Excellent    \_\_\_\_ Very Good    \_\_\_\_ Good    \_\_\_\_ Fair    \_\_\_\_ Poor

Do you have any special needs that TRAIL or its volunteers should know about?

- Hearing impaired
- Use mobility device
- Use service animal
- Lifeline alert
- Use wheelchair
- Speech/language Issues
- Low vision
- Use/need companion support
- Dietary restrictions

Do you currently have any services now in place, e.g., Meals on Wheels, VNA, or Elder Services? (List all that you currently use).

**EMERGENCY CONTACT INFORMATION**

*(List below the individuals we should contact in the event of an emergency. TRAIL will make a copy of this page for you to post in a prominent place in your home.)*

Last Name:	First Name:	Relation:
Street Address:		Apt #:
City:	State:	Zip:
Home Phone:	Work Phone:	Cell:
E-Mail:		

Last Name:	First Name:	Relation:
Street Address:		Apt #:
City:	State:	Zip:
Home Phone:	Work Phone:	Cell:
E-Mail:		

**In Case of Medical Emergency (OPTIONAL)**

Primary Hospital:	
Primary Insurance:	Secondary Insurance:
Primary Doctor Name:	Primary Doctor Phone:
Specialist Physician:	Specialist Phone:
Advanced Directive/DNR:  <input type="checkbox"/> Yes <input type="checkbox"/> No	Long Term Care Insurance (LTC):

**PAYMENT INFORMATION**

- Full membership for households with 2 or more: \$720/year (\$60/month)

Please consider making a charitable donation, over and above your membership fee, to help TRAIL maintain its services and benefits, and to expand our subsidized membership programs for income-eligible households.

- Charitable donation \$\_\_\_\_\_

I would like to make my donation:

In honor of \_\_\_\_\_

In memory of \_\_\_\_\_

An acknowledgment should be sent to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

- Membership payment \$\_\_\_\_\_

- TOTAL \$\_\_\_\_\_

Check enclosed (payable to TRAIL of Johnson County)

I prefer to pay annually or monthly via automatic withdrawal from my bank account or credit card. Please complete and sign the ACH/Credit Card Payment Authorization Form on the next page.

**ACH/CREDIT CARD PAYMENT AUTHORIZATION FORM**

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

**Please complete the information below:**

I \_\_\_\_\_ authorize TRAIL of Johnson County to  debit my  
 (full name)  
 checking/savings account, or  charge my credit card as a  one-time payment or  recurring  
 monthly payment in the amount of \$\_\_\_\_\_ starting \_\_\_\_\_ of \_\_\_\_\_ and ending \_\_\_\_\_  
 of \_\_\_\_\_  
 (month) (date) (month) (date)

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

**Checking/ Savings Account**

Checking       Savings


Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Bank City/State \_\_\_\_\_



**Credit Card**

Visa       MasterCard

Amex       Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

Exp. Date \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify TRAIL of Johnson County in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that TRAIL of Johnson County may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$30.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

## CONFIDENTIALITY STATEMENT

All the information you provide will be kept confidential. TRAIL will maintain the privacy of members' personal information in accordance with applicable Iowa law. This document will be kept in a secured area in the TRAIL office. Confidential information will only be shared when necessary for the purposes of arranging the services and activities you and other members want and need. Such sharing will be restricted to staff, key volunteers, or providers of services, unless you direct us otherwise. Information not related to emergencies will be shared only within the office, unless you direct us otherwise. Any names and phone numbers you give us, for example, of your doctor or relatives, will be kept confidential within the office and will only be used for emergencies. Additional information will be released only with your consent.

I HAVE REVIEWED AND UNDERSTAND THE CONFIDENTIALITY STATEMENT.

Please initial and date: \_\_\_\_\_  
Primary User Secondary User

## TRAIL MEMBERSHIP AGREEMENT

- 1. Term.** Annual membership fees may be paid in full via cash, check, or credit card, or in monthly installments via credit card or automatic bank withdrawal.
- 2. Membership Fees.** Membership fees are as determined from time to time by TRAIL of Johnson County. Current membership fees are stated within this Application and Agreement. Membership fees do not include charges by third-party providers for activities or services in which Member(s) may participate.
- 3. Activities and Services.** TRAIL acts on behalf of its Members to identify activities and services that may benefit Members and the neighborhoods and communities in which members reside. TRAIL arranges to offer such activities and services primarily through third parties.
- 4. Liability and Assumption of Risk.** TRAIL seeks to provide opportunities that provide benefits to its Members. TRAIL does not, however, assume any responsibility or liability, either direct or indirect, in connection with, relating to, or arising out of (i) activities or services in which Members may participate as a result of membership in TRAIL, or (ii) activities or services provided by any third party that is a provider to TRAIL Members. The undersigned Member(s) hereby assume all risk for participating in any such activities and/or contracting for or receiving any such services.
- 5. Waiver, Release and Indemnification.** I/We, the undersigned Member(s) hereby (i) fully release and discharge TRAIL, its Members, officers, directors and employees (together, the "Released Parties") from any and all claims, demands, causes of action, administrative claims, liability, damages, claims for attorney's fees, costs and disbursements, or demands of any kind whatsoever, that I/We have or might have against the Released Parties, or any of them, present or future, known or unknown, anticipated or unanticipated, resulting from, arising out of, or in connection with any services or activities of, by or from

any third parties, including specifically third parties who may provide or make services or activities available to TRAIL Members; and (ii) agree to indemnify and hold the Released Parties, and each of them, harmless from and against any and all costs, expenses or damages (including, without limitation, attorneys' fees) resulting from, arising out of, or in connection with any and all claims brought by or through the undersigned Member(s), including but not limited to subrogation claims by any insurance company of the undersigned Member(s).

**I/We, the undersigned Member(s), acknowledge that I/we have carefully read the foregoing Waiver, Release and Indemnification and understand that it has binding legal effect and is a waiver of claims and a release of liability.**

**6. Photo Release.** I/We, the undersigned Member(s) grant TRAIL or anyone authorized by TRAIL, permission to use my/our photograph(s) or given quote(s) for any purpose whatsoever and without further compensation to me/us. All negatives, positives, prints, and digital image files shall constitute property of TRAIL solely and completely. I/We understand that TRAIL is a nonprofit organization and that the use of photographs will be limited to educational, non-commercial purposes. I/We represent that I/we am/are over the age of eighteen and that I/we have read the foregoing and completely understand the contents thereof. *Note: If you prefer that your photos or quotes not be shared by TRAIL for educational and noncommercial purposes, please initial and date here:* \_\_\_\_\_

**7. Miscellaneous Provisions.** This Agreement supersedes all other promises, representations or understandings of any kind, whether written or oral, with respect to the agreement of membership between the undersigned Member(s) and TRAIL. No one has the right or authority to make any changes to the terms of this Agreement on behalf of TRAIL, except for its Board of Directors acting in a meeting that has been duly called and held. I/We, the undersigned Member(s), understand that TRAIL may from time to time adopt policies that affect the terms and privileges of membership. The laws of the State of Iowa govern this agreement. If a court finds any term of this Agreement to be invalid, unenforceable or void, the parties agree that the court shall modify that term to make it enforceable to the maximum extent possible. If the term cannot be modified, the parties agree that the term shall be severed and all other terms of this Agreement shall remain in effect. TRAIL will not lose or be deemed to waive its rights under this Agreement if it delays or fails to enforce such rights.

**8. Acceptance of Membership Agreement.** I/We, the undersigned Member(s), have read this Agreement carefully and hereby agree to the terms of membership as stated above. I/We are pleased to become Member(s) of TRAIL of Johnson County.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE